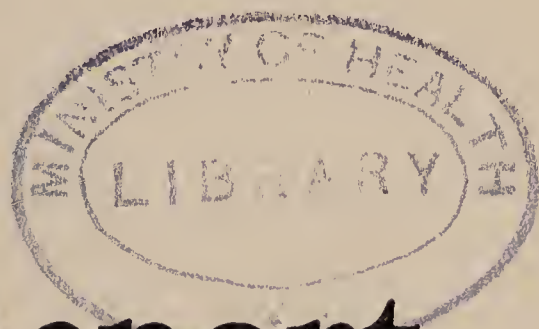


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Elland Urban District Council



Annual Report

of the

Public Health Services

of the Elland Urban District,

1953.

FRANK APPLETON, M.B., Ch.B., D.P.H.,
Medical Officer of Health.



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Elland Urban District Council

Health Committee

(As at 31st December, 1953).

Chairman of the Council :

Councillor W. SHARPE, J.P.

Chairman :

Councillor (Mrs.) W. J. PILLING.

Vice-Chairman :

Councillor E. McBURNEY.

Councillor	B. BEAUMONT,	Councillor	W. RAMSDEN,
,,	H. BINNS,	,,	W. SHARPE, J.P.
,,	H. COCKROFT, C.C.	,,	(Miss) E. T. SHAW,
,,	G. H. CROSSLEY,		J.P.,
,,	R. W. GRANT,	,,	S. B. TATTERSALL,
,,	W. HASLAM,	,,	J. THORNTON,
,,	C. HORSFIELD,	,,	A. WALKER, J.P.,
,,	G. H. JAMES, J.P.	,,	T. WALKER
,,	A. LANE,	,,	J. E. WARBURTON,
,,	F. H. LUMB,	,,	W. WHITWORTH,
,,	S. V. MITCHELL,	,,	H. WILKINSON,
,,	G. MORTON,	,,	J. WILSON, J.P.
,,	C. POGSON,	,,	E. WOLFENDEN.

HEALTH SUB-COMMITTEE :

Councillor (Mrs.) W. J. PILLING (Chairman),

Councillor E. McBURNEY (Vice-Chairman),

Councillor	H. BINNS,	Councillor	J. THORNTON,
,,	W. HASLAM,	,,	A. WALKER, J.P.
,,	G. MORTON,	,,	H. WILKINSON.
,,	S. B. TATTERSALL,		

Health Department

PUBLIC HEALTH OFFICERS.

Medical Officer of Health.

F. APPLETON, M.B., Ch.B., D.P.H. Also Divisional Medical Officer.

Deputy Medical Officer of Health :

Mrs. A. MARSHALL, M.B., Ch.B.

Assistant Medical Officer :

Mrs. M. S. GISBOURNE, M.B., Ch.B.

Orthopaedic Surgeon :

**W. BARCLAY, M.C., F.R.C.S.

Ophthalmic Surgeons :

**R. W. GREATOREX, M.B., Ch. B. (Terminated April, 1953).

**S. ROBERTSON, M.B., Ch.B., D.O.M.S. (Commenced April, 1953).

**P. M. WOOD, M.B., Ch.B., F.R.C.S. (Edin.), D.O.M.S.

Dental Officer :

J. TODD, L.D.S.

Sanitary Inspectors :

A. D. JACKSON, M.R.San.I.

N. SYKES, M.R.San.I.

R. CROSSLEY, A.R.San.I.

Health Visitors :

Miss J. DAVIS, S.R.N., Health Visitor's Certificate.

Miss M. GIBBON, S.R.N., S.C.M. (Retired June, 1953).

Miss L. P. TINKER, S.R.N., Health Visitor's Certificate. (Commenced October, 1953).

Miss W. WADSWORTH, S.R.N., S.C.M., R.F.N., Health Visitor's Certificate.

Assistant Health Visitors :

*Mrs. I. HEPWORTH, S.R.N., S.C.M., R.F.N.

*Mrs. D. A. F. HOLDSWORTH, Enrolled Assistant Nurse.

Municipal Midwife :

Mrs. E. E. CROSSLEY, S.R.N., S.C.M.

Home Nurse—Midwife :

Mrs. M. E. MAGER, S.R.N., S.C.M.

Home Nurses :

Miss A. CARTER, S.R.N., S.C.M.

Mrs. A. K. MILLS, S.R.N., S.C.M.

Mental Health Social Worker :

*Miss E. C. WROE, S.R.N., S.C.M., R.M.N., Health Visitor's Certificate.

Tuberculosis Health Visitor :

Mrs. M. F. DUCKENFIELD, S.R.N., S.C.M., T.A.

Clerk :

K. RAMSDEN.

Divisional County Ambulance Service Depot Superintendent :

W. ANDERSON.

*Part time.

**Part time by arrangement with the Regional Hospital Board.

TO THE CHAIRMAN AND MEMBERS OF THE ELLAND URBAN DISTRICT COUNCIL.

Madam Chairman, Madam and Gentlemen,

I have the honour to present my Annual Report for 1953 on the health of this town.

I have again included details of my work as Divisional Medical Officer for the West Riding County Council.

The National Health Service Act of 1948, which made the County Boroughs and County Councils Local Health Authorities responsible for the day to day administration of the personal health services, leaving with the smaller Local Authorities the work of community health, and putting the hospital service under Regional Boards, and the general practitioner service under Executive Councils, has meant that four different Authorities are responsible for health in the smaller areas. The appointment of the Medical Officer of Health as Divisional Medical Officer has ensured that the personal health services and community health services work together, and more and more liaison is being established with the general practitioners. Arrangements are being made for all Health Visitors to be placed on the telephone, so that the patients' doctors can be communicated with, and can themselves communicate with the Health Visitors without cumbersome administrative machinery. The local Hospital Management Committees are anxious to do all they can to foster a close relationship with the health services, but there are no elected representatives of the Councils of this Division who are members of the Regional Hospital Board, nor of the Hospital Management Committee.

To properly consider community health it is necessary to include the personal health services, as a community is composed of persons, and the contact of Health Visitors, District Nurses, Midwives and Home Helps with the public, although essentially a personal one, is, in my opinion, the spear head of the preventive health service. For this reason, the work of the personal health services has been included in this Report.

Large County Councils, as other large administrative bodies, if administered successfully are dependent on the smooth running of their smaller units, and the formation of Divisions, each responsible for the services in their own area, was a wise and useful measure.

During the years since 1948, the principal expansion in the service has been the provision of additional Home Helps, an increased attention to family health as opposed to care of the mother and young children only, an increased and increasing service to old people, an increase in the personnel of the Sanitary Inspector's Department and closer liaison with the general medical practitioners.

The work of the ante-natal clinics has gone down, due to more patients attending their own doctor ante-natally. The standard of child care has improved and there has been an increase in the selective visiting of persons in greatest need, rather than in the routine visiting of all cases.

There has been no improvement in the premises used for the health services of this important Urban District. The Elland Urban District Council has played its part by placing at our disposal at West Vale, clinic premises which are probably the best in the Division, but in the centre of Elland we are still dependent on the use of a Church Hall, which presents many disadvantages and can only be regarded as unsatisfactory, and we are hoping that before long the provision of a permanent building for the use of the Elland Urban District will be made.

In presenting the figures for the Divisional health services, generally speaking it has been possible to split them up so that those given are for Elland alone, although, of course, the area is not administered as a unit. It has not been possible to split up the Divisional ambulance service, and the figures are given for the whole Division.

One of the most important services is the service for mental health. We are fortunate in sharing with another Division a lady who is a fully trained Health Visitor and also has a wide knowledge of the problems of mental health, and she does a great deal of unobtrusive work in the homes of people in difficulty. Health visiting itself, is, of course, largely a matter of maintenance of satisfactory mental health among the weaker members of the community. The care of the old, advice on the care of children, the alleviation of the troubles of the poor, harrassed mother, attempts to prevent marital disharmony in its early stages, the provision of nursery accommodation and help for the mother of an illegitimate child, are all to some extent problems of mental health, but our Mental Health Social Worker visits all patients who need help on discharge from mental hospital, and many cases are referred to her who are in the early stages of mental illness, when she can, with the general practitioner, work on the social problems of the mentally ill person. She is handicapped in her work by the scanty information received from mental hospitals. There is much scope for a closer liaison in this connection.

In addition, the work with mental defectives is very important. These people, although not able to do everything that a fully equipped member of the community can do, can often lead very useful and happy lives. A little help can often be a great aid to the mother who has to cope with a child who is educationally sub-normal, and there is a need for a properly equipped Occupation Centre in this Division. We are now running a Group Training Class in Brighouse, which has already done very useful work, and which could be expanded into an Occupation Centre and fulfil a very useful function in a properly equipped building. As it is, this Group Training Class has been the means of relieving the mothers of the care of the children during the day and has helped the children considerably.

The two greatest needs are, therefore, a properly equipped Occupation Centre, and suitable premises for general health purposes.

The other great need is beyond the control of this Department. It is the provision of a sufficient number of proper houses for the people. This I have referred to year by year, and last year I referred to the increasing disrepair of many of the older houses mentioning that it was not possible to keep pre-war houses in proper repair at pre-war rents when post-war prices have to be paid for repairs. We must, therefore, welcome the new legislation now before Parliament, which places an increased emphasis on slum clearance and enables landlords to make more provision for the repair of the older houses. There are so many sub-standard houses in Elland that it will be necessary for the Council to consider very carefully the provisions of the Housing Repairs and Rents Act which refer to deferred demolition. It will not be possible at the present rate of housing progress for everyone to be re-housed from an unsatisfactory house for a considerable number of years, and the temporary repair of some of the older houses which are awaiting demolition will almost certainly be necessary.

In the White Paper published in November it was stated that the demand for houses and flats will never be entirely satisfied. Old buildings decay and new ones must take their place. No one connected with the health of the people would deny this statement; nor the one which follows, that in a progressive society the standards of housing are constantly rising. Families want extra rooms, more amenities and more pleasant surroundings.

The most important provision is, of course, new houses, but it will be also important to consider making some of the houses which, under the best possible conditions would be demolished, at least more habitable than they are now, always remembering that demolition and the re-housing of the tenants is the optimum measure. The task that will face us will necessarily be a large

one. Many of the houses in Elland date back to the Industrial Revolution and have long outstayed their period of usefulness. Careful discrimination will be necessary to decide which houses will have to be taken at once and which are suitable for deferred demolition.

I am hopeful that the passing of this Act will enable us to bring some degree of comfort to the people who live in uncomfortable homes.

1953 was a satisfactory year from an employment point of view, and with the recovery in the textile industry there was no serious unemployment.

The Adjusted Birth Rate of 14.6 shows an increase this year, but it is still below the average of other Urban Districts. The Death Rate of 10.8 is below the average. There was an excess of births over deaths, giving a natural increase in the population of 45. Despite this, the Registrar General estimates that our population has fallen by 110.

There were five infant deaths this year, as there were in 1951. This is the lowest number recorded. With small figures it is, of course, a mistake to attach too much importance to this, but taking the whole six years of Divisional administration the infant death rate in Elland is satisfactory.

The additional Health Visitor has enabled more visits to be made to the homes of the children, and despite the useful work done in the Infant Welfare Centres, perhaps the best place for advice is the home. This particularly applies in the case of Problem Families who need constant supervision, and with whom the Health Visitor has an extremely difficult task.

Almost every expectant mother in Elland has had ante-natal care, many more from their own Doctors, some at the hospitals, and some at our ante-natal clinics. In addition, the Midwives have almost doubled the number of ante-natal visits paid and have made many more visits post-natally. Instruction in ante-natal care has also been supplemented by the work of the relaxation classes, when an opportunity is taken of giving instruction in breast feeding. It is important that this instruction should be commenced before the birth of the baby.

Miss M. Gibbon, who had worked for many years in the Greetland area, retired during the year and has been very much missed, but she has been replaced by Miss Tinker, who has already become well known in the district.

The number of children immunised against Whooping Cough was almost double the previous year. I believe that this is a useful measure and will prove of value.

Although the figures for vaccination showed an increase, this was almost certainly due to the presence of Smallpox in a neighbouring County Borough, and we cannot be satisfied with the number of children being brought forward for vaccination.

Diphtheria immunisation continued to be carried out. Although most children are immunised against Diphtheria, the absence of the disease has meant that more persuasion has had to be used than in the recent past.

There were three cases of Poliomyelitis, two of whom attended the same class at school. It was impossible to find a connection with the other case.

The number of new cases of Tuberculosis notified was the same as last year but the distribution among males and females was different, 19 of the cases occurring in males. At the end of the year a Care Committee was formed for the help of the tuberculous patient and his family. Despite greatly improved methods of treatment, Tuberculosis is still a long term illness and we believe that the help given by the Committee will be incalculable. The fact that someone is sufficiently interested in them to help them improves the mental attitude of the patient to a considerable extent. There are already signs that the work of this Committee is appreciated.

I should like to record the keen, able and encouraging interest given by you, Madam Chairman to our work on all occasions. No matter concerning the health of the people is too large or too small to attract your helpful attention.

I should also like to thank all the members of the Council for their support and to extend to Mr. Howarth, the Clerk of the Council and to Mr. Allen Jackson, the Chief Sanitary Inspector, my gratitude for their helpful co-operation.

This report is a report of the work of the whole staff of the Public Health and Divisional Health Departments and is a record of work willingly and loyally carried out.

I have the honour to be Madam Chairman, Madam and Gentlemen,

Your obedient servant,

FRANK APPLETON,

August, 1954.

Medical Officer of Health.

ADOPTIVE ACTS, BYE-LAWS, ETC.

Cleansing of Footways—1892.

Scavenging—1892.

Prevention of Nuisances—1892.

Common Lodging Houses—1892.

Slaughterhouses—1892.

Smoke Abatement—1931.

New Streets—1931.

Building Bye-Laws—1939.

Handling and Wrapping of Food—1950.

Annual Report of the Medical Officer of Health

FOR THE YEAR 1953.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

AREA (in Acres)	5,951
POPULATION : Census 1951, 19,275 ... 1953 (est.)	19,040
AVERAGE NUMBER OF PERSONS PER ACRE ...	3.2
NUMBER OF INHABITED HOUSES	7,041
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE	1.18
AVERAGE NUMBER OF PERSONS PER HOUSE ...	2.70
RATEABLE VALUE	£98,574
PRODUCT OF A PENNY RATE	£376 10s. 2d.

The Manager of the Elland Employment Exchange has kindly informed me that at the end of 1953 the number of unemployed persons in the Elland area was 25 men and 13 women.

The figures include 14 men and 9 women who were short-time workers in the textile industry. The rest were men and women unemployed between jobs.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

Live Births—

					M.	F.	Totals
Legitimate	...	...	...	...	142	117	259
Illegitimate	...	...	...	...	7	6	13
Total	...	...	...	...	149	123	272

Live Birth Rate : 14.3 per 1,000 of estimated resident population.

Still Births—

					M.	F.	Totals
Legitimate	...	...	...	...	4	6	10
Illegitimate	...	...	...	...	—	—	—
Totals	...	...	...	...	4	6	10

Still Birth Rate per 1,000 total (live and still) births : 35.5.

Deaths—

M.	F.	Totals
107	120	227

Crude Death Rate 11.9 per 1,000 of estimated resident population.

Adjusted Death Rate 10.8 per 1,000 of estimated resident population.

Deaths following Childbirth—

					Deaths.	Rate per 1,000 total (live & still) births.
Puerperal Sepsis	—			Nil
Other Maternal Causes	—			Nil
Total	—	Nil

Death Rate of Infants under one year of age—

All Infants per 1,000 live births	...	...	...	18.4
Legitimate Infants per 1,000 legitimate live births	...	...	...	15.4
Illegitimate Infants per 1,000 illegitimate live births	...	...	...	76.9

Deaths from Diseases of the Heart & Circulation (all ages) 71

Deaths from Cancer (all ages) 41

Deaths from Measles (all ages) —

Deaths from Whooping Cough (all ages) —

TABLE 1.

BIRTH RATES, CIVILIAN DEATH RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY and CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1953

for England and Wales, London, 160 Great Towns, 160 Smaller Towns and Elland.

(Provisional Figures based on weekly and quarterly Returns).

	England and Wales	160 County Boro's and Great Towns (including London)	160 Smaller Towns (Resident Populations 25,000 to 50,000 at 1951 Census)	London Administrative County	Elland
	Rates per 1,000 Home Population				
<i>Births—</i>					Crude Rates
Live Births ...	15.5	17.0	15.7	17.5	14.3
Still Births ...	0.35	0.43	0.34	0.38	0.52
	22.4(a)	24.8(a)	21.4(a)	21.0(a)	35.5(a)
<i>Deaths—</i>					
All Causes ...	11.4	12.2	11.3	12.5	11.9
Typhoid and paratyphoid	0.00	0.00	—	—	—
Whooping cough	0.01	0.01	0.00	0.00	0.00
Diphtheria ...	0.00	0.00	0.00	—	0.00
Tuberculosis	0.20	0.24	0.19	0.24	0.26
Influenza ...	0.16	0.15	0.17	0.15	0.00
Smallpox ...	0.00	0.00	0.00	—	—
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.01	0.01	0.00
Pneumonia ...	0.55	0.59	0.52	0.64	0.52
<i>Notifications (corrected)</i>					
Typhoid fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever	0.01	0.01	0.01	0.01	0.00
Meningococcal infection ...	0.03	0.04	0.03	0.03	0.05
Scarlet fever ...	1.39	1.50	1.44	1.02	1.67
Whooping cough	3.58	3.72	3.38	3.30	3.20
Diphtheria ...	0.01	0.01	0.01	0.00	0.00
Erysipelas ...	0.14	0.14	0.13	0.12	0.10
Smallpox ...	0.00	0.00	0.00	—	—
Measles ...	12.36	11.27	12.32	8.09	9.45
Pneumonia ...	0.84	0.92	0.76	0.73	2.57
Acute poliomyelitis (including polioencephalitis)					
Paralytic ...	0.07	0.06	0.06	0.07	0.10

<i>Notifications</i> (corrected)					
Non-paralytic	0.04	0.03	0.04	0.03	0.05
Food poisoning ...	0.24	0.25	0.24	0.38	0.00
Puerperal pyrexia	18.23(a)	24.33(a)	12.46(a)	28.61(a)	7.10(a)
<i>Deaths—</i>					
All causes under 1 year of age	26.8(b)	30.8	24.3	24.8	18.4
Enteritis and diarrhoea under 2 years of age	1.1	1.3	0.9	1.1	0.00

MATERNAL MORTALITY IN ENGLAND AND WALES.

	Rates per 1000 Total (Live and Still) Births	England
Sepsis of pregnancy, childbirth and the puerperium ...	0.10	—
Abortion with toxæmia ...	0.01	—
Other toxæmias of pregnancy and the puerperium ...	0.24	—
Haemorrhage of pregnancy and childbirth ...	0.13	—
Abortion without mention of sepsis or toxæmia ...	0.04	—
Abortion with sepsis ...	0.06	—
Other complications of pregnancy, childbirth and the puerperium ...	0.18	—

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related Live Births.

TABLE 2.

CAUSES OF DEATH OF ELLAND RESIDENTS IN 1953.

Causes of Death.					1953.		
					M.	All Ages. F.	Total.
1.	Tuberculosis—respiratory	...	...	...	4	—	4
2.	Tuberculosis—other	...	...	...	1	—	1
3.	Syphilitic disease	...	...	...	1	—	1
4.	Diphtheria	...	...	...	—	—	—
5.	Whooping Cough	...	...	...	—	—	—
6.	Meningococcal infections	...	...	...	—	—	—
7.	Acute poliomyelitis	...	...	...	—	—	—
8.	Measles	...	...	...	—	—	—
9.	Other infective and parasitic diseases	...	...	...	—	—	—
10.	Malignant neoplasm, stomach	...	...	...	6	4	10
11.	Malignant neoplasm, lung, bronchus	...	...	...	5	1	6
12.	Malignant neoplasm, breast	...	...	...	—	3	3
13.	Malignant neoplasm, uterus	...	...	...	—	1	1
14.	Other malignant & lymphatic neoplasms	...	...	...	7	14	21
15.	Leukaemia, aleukaemia	...	...	...	—	—	—
16.	Diabetes	...	...	...	1	1	2
17.	Vascular lesions of nervous system	...	...	...	18	23	41
18.	Coronary disease, angina	...	...	...	20	20	40
19.	Hypertension with heart disease	...	...	...	1	4	5
20.	Other heart disease	...	...	...	4	13	17
21.	Other circulatory disease	...	...	...	3	6	9
22.	Influenza	...	...	...	4	2	6
23.	Pneumonia	...	...	...	4	6	10
24.	Bronchitis	...	...	...	8	3	11
25.	Other diseases of respiratory system	...	...	...	2	1	3
26.	Ulcer of the stomach and duodenum	...	...	...	2	—	2
27.	Gastritis, enteritis & diarrhoea	...	...	...	—	—	—
28.	Nephritis and nephrosis	...	...	...	1	2	3
29.	Hyperplasia of prostate	...	...	...	1	—	1
30.	Pregnancy, childbirth, abortion	...	...	...	—	—	—
31.	Congenital malformations	...	...	...	1	—	1
32.	Other defined and ill-defined diseases	...	...	...	4	11	15
33.	Motor vehicle accidents	...	...	...	2	—	2
34.	All other accidents	...	...	...	5	4	9
35.	Suicide	...	...	...	2	1	3
36.	Homicide and operations of war	...	...	...	—	—	—
Totals					107	120	227

VITAL STATISTICS.

The estimate of the population of Elland is the mid-year estimate of the Registrar General. His estimate is 19,040, compared with 19,150 for 1952. He considers, therefore, that the population has decreased by 110.

The crude birth rate for the year is 14.3 per 1,000 of the population. This is 1.6 above the rate for the previous year and 1.2 below the rate for England and Wales. This crude birth rate has to be adjusted by a comparability factor of 1.02 in order to bring it into line with that of the Country as a whole, and this gives us an adjusted birth rate of 14.6. This compares with an adjusted birth rate for the administrative County of 16. It will be seen that although there has been an increase this year in the birth rate for Elland, it still remains below that of the West Riding and of the Country as a whole.

There were 13 illegitimate births, representing 4.8 per cent. of the total live births and an illegitimate birth rate of 0.68 per 1,000 of the estimated population.

During the year there were 10 still births, none of which were illegitimate. This gives a rate of 35.4 per 1,000 (live and still) births. The County rate is 24.7 and the rate for England and Wales 22.4, so that our rate this year compares unfavourably with that for the County Area and for the Country as a whole.

The death rate for the Urban District is 11.9 per 1,000 of the population. This is 1.7 lower than the rate for last year. The comparability factor for obtaining the adjusted death rate is 0.91, and using this factor we have an adjusted death rate of 10.8. This compares with an adjusted death rate of 11.6 for the Administrative County and 11.4 for England and Wales.

The chief causes of death this year were, in order of frequency :—

1. Diseases of the Heart and Circulation—71 (15 less than in 1952).
2. Cancer—41 (compared with 60 in 1952).
3. Vasc. Lesions of Nervous System—41 (compared with 55 in 1952).
4. Pneumonia, Bronchitis, Influenza and other respiratory diseases—30 (compared with 16 in 1952).

It will be seen that a reduction in deaths from heart diseases and cancer has been balanced by an increase in the number of deaths from Vascular Lesions of the Nervous System and deaths

from respiratory diseases. It is believed that one of the contributing factors in these diseases is the amount of smoke nuisance in the district, and the figures and diagrams given in the section of this Report under Atmospheric Pollution are worthy of careful study.

Infant Deaths.

There were five Infant Deaths in the Urban District of Elland during 1953 and the Infantile Mortality Rate or Death Rate of Infants under one year of age per 1,000 live births was 18.4. This compares with a rate of 33 per 1,000 live births last year. The rate for the Administrative County is 29.3 and for England and Wales 26.8, so that our figure is a favourable one.

All these deaths occurred in the first month, or were neo-natal deaths, and if we add to this figure the number of stillbirths it will be seen that the chief cause of loss of life in the very young child appears to be due to factors occurring in pregnancy or in the neo-natal period.

Three of these infant deaths occurred in the first 24 hours, and of these three children two were born prematurely and the third had a congenital abnormality. Of the other two children, one survived a week. This was a premature child, being a twin pregnancy; the heavier twin survived. The other child, who died when 18 days old died from Broncho Pneumonia. This child was also born prematurely and only weighed 5lbs. 3ozs. at birth. It was an illegitimate child. All the others were legitimate children, and all came from good homes.

TABLE 3.
CAUSES OF INFANTILE MORTALITY IN ELLAND URBAN DISTRICT, 1952.

Cause of Death.	1 day and under	2—7 days	8—14 days	15—21 days	22—28 days	Total in first month
Prematurity	2	—	1	—	—	3
Atelectasis and Mongolism	1	—	—	—	—	1
Broncho Pneumonia ...	—	—	—	1	—	1
Totals	3	—	1	1	—	5

Premature Births.

There were 16 children born prematurely during the year. It will be seen from the Table appended that all except four of these children survived one month. The usual criterion for prematurity has been employed in this Table, i.e. all babies weighing 5½lbs. and under at birth.

TABLE 4.

TABLE SHOWING BIRTH WEIGHTS OF PREMATURE INFANTS.

Domiciliary Confinements.

Birth Weight		No. of Infants	No. of Infants who survived		
lbs.	ozs.		24 hours	2—7 days	1 month
3	12	1	—	—	—
3	14	1	1	1	1
5	—	1	1	1	1
		3	2	2	2

Institutional Confinements.

Birth Weight		No. of Infants	No. of Infants who survived		
lbs.	ozs.		24 hours	2—7 days	1 month
3	14	2	2	2	1
3	15	1	1	1	1
4	3	1	1	1	1
4	6	1	1	1	1
4	14	1	1	1	1
5	—	2	1	1	1
5	1	1	1	1	1
5	3	2	2	2	1
5	8	2	2	2	2
		13	12	12	10

Maternal Deaths.

There were no maternal deaths in Elland during 1953.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Laboratory Facilities.

The Public Health Laboratory, Wakefield continued to receive clinical material and milk samples for bacteriological examination, while chemical analysis was carried out by Messrs. Lea & Mallinder, Public Analysts, Halifax.

Ambulance Facilities.

I append below particulars of the cases transported during the year. The figures are given monthly, and the total for last year is appended in brackets after the total in each line. This table applies, of course, to the whole Division. It has not been possible to split the Divisional figures to give the figures for Elland alone.

It will be seen that there were a few more admissions to hospital and more patients were transferred, and that there was a substantial increase in the number of accident cases. A satisfactory feature of these figures is that fewer people were carried by ambulance on their discharge from hospital, but the number of out-patients carried by ambulance once again shows an increase. This part of the ambulance service has grown each year and has now reached five figures. Although it is appreciated that many of the patients require an ambulance and are unable to use public transport, there are cases where the use of an ambulance is unnecessary and patients could make their way to and from hospital by other means.

TABLE 5.

WEST RIDING COUNTY COUNCIL AMBULANCE SERVICE. BRIGHOUSE DEPOT.
 Statistical Return for the period January — December, 1953.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1. Patients													
(a) Admissions	175	201	166	145	170	152	156	130	161	140	148	170	1914 (1907)
(b) Discharges	54	57	64	47	61	40	56	55	46	64	64	61	669 (687)
(c) Transfers	...	14	26	28	16	17	30	19	17	16	21	16	243 (110)
(d) Out-Patients	915	676	721	786	903	879	910	927	975	891	986	887	10456 (9591)
(e) Accident Patients	28	15	27	22	31	41	35	33	45	45	44	38	404 (253)
Total No. of Patients	...	1195	963	1028	1181	1129	1187	1164	1244	1156	1263	1172	13686 (12548)
2. Analysis of Patients													
Males	...	488	403	504	584	495	433	473	444	432	510	494	5662 (5303)
Females	...	707	560	524	597	634	754	691	800	724	753	678	8024 (7245)
Stretcher Cases	...	221	240	191	212	186	217	201	216	230	241	243	2615 (2479)
Sitting Cases	...	974	746	837	969	943	970	963	1028	926	1022	929	11071 (10069)
Children	...	79	64	51	91	123	85	57	83	71	59	73	904 (917)
3. Further Analysis of Total Patients in Part 1 above, less (d) and (e)													
Urgent	...	82	83	75	76	69	68	75	69	60	73	75	889 (636)
Maternity	...	22	26	35	36	25	38	29	30	24	23	20	342 (346)
Infectious	...	4	2	4	11	7	3	—	9	9	6	6	65 (40)
Mental	...	—	—	3	1	3	1	5	1	—	1	1	17 (15)
General Patients	...	144	161	103	123	105	132	95	115	127	130	145	1513 (1667)
4. Journeys Miles													
Journeys	...	339	300	304	333	341	348	326	352	336	350	321	3958 (3707)
Miles	...	8342	7286	7481	8241	8317	8712	7995	9016	8310	8936	9119	99472 (87134)

Nursing in the Home.

The same team of nurses has been responsible for the Home Nursing Service in the Elland Urban District ; Miss Carter being the nurse in charge of the Elland area and Mrs. Mills of the Greetland area. Mrs. Mager continued to combine the duties of District Nurse and Midwife in the Stainland area.

Altogether 10,114 individual visits were made to patients, and 690 new cases were treated during the year. There was an increase in the number of visits in all parts of the area and it will be seen that the number of visits corresponds to more than half the population. If the work continues to increase it will be necessary for us to have more nursing assistance.

Increasing demands are being made on the District Nurses for attention to old people and there is less demand for Pneumonia and other acute illnesses. The trend towards the treatment of a greater number of less severe cases noted last year continues, and the nurses spend a great deal of time, of necessity, travelling from case to case.

It will be seen, then, that the Home Nursing Service has made steady progress since it became the responsibility of the Local Health Authority, and present indications are that the Service will increase as the population ages.

Domestic Help Service.

The demand for Home Helps for domestic cases continues to increase, but the demand for maternity cases has decreased somewhat. This fall in the number of maternity cases provided with a Home Help is during a year when there has been an increase in the number of domiciliary confinements. At the beginning of the Home Help Scheme the demand was very much more for maternity cases, but as the years go by the demand is shifting towards domestic cases, and particularly, of course, for the care of old people.

There were 40 cases being attended at the beginning of the year, and 60 new cases were attended during the year. At the end of the year, 41 cases were still being attended. Of the 100 cases attended in 1953, nine were due to the illness of the housewife, 72 were old people, 16 were maternity cases, and one was for care in the ante-natal period only. Two Home Helps were also supplied for care in the post-natal period.

During 1952 the Domestic Help Service was helped by the textile depression. During the period of depression there was a considerable recruitment to the Service, and in addition, many women who would normally have been working were at home and able to look after their own old people. This year we have not been able to supply all the Home Helps required as there has been a period of full employment.

Clinics and Treatment Centres.

The Table of Clinics and Treatment Centres is appended in Table 6.

TABLE 6. CLINICS AND TREATMENT CENTRES.

Name.	Situation.	When Open.
Combined Ante-Natal and Post-Natal Clinics	St. Paul's Methodist School, Elland	Alternate Mondays, 2 p.m. to 4 p.m.
Infant Welfare Clinics	Clay House, Greetland	Alternate Wednesdays 2 p.m. to 4 p.m.
	St. Paul's Methodist School, Elland	Every Wednesday, 2 p.m. to 4 p.m.
	Clay House, Greetland	Every Tuesday, 2 p.m. to 4 p.m.
Diphtheria Immunisation Clinics	Immunisation is carried out at all Minor Ailment Clinics and Infant Welfare Centres and booster doses are given in the schools.	
Minor Ailments Clinics	St. Paul's Methodist School, Elland	Every Mon. and Wed., 9-30 a.m. to 12 noon.
	Clay House, Greetland	Every Tues. and Thurs., 9-30 a.m. to 12 noon.
Artificial Sunlight Clinics	St. Paul's Methodist School, Elland	Every Mon. and Wed., 9-30 a.m. to 12 noon.
	Clay House, Greetland	Every Tues. and Thurs., 9-30 a.m. to 12 noon.
Remedial Exercises, Ante-Natal and Post-Natal Exercises	Brook House, Atlas Mill Road, Brighouse	Every Tuesday, 2 p.m. to 4 p.m.
Remedial Exercises	Clay House, Greetland	Every Tuesday, 10-30 a.m. to 12 noon.
Ante-Natal and Post-Natal Exercises	St. Paul's Methodist School, Elland	Alternate Mondays, 2 p.m. to 4 p.m.
Tuberculosis Dispensary	Royal Halifax Infirmary	Mon., Tues. and Wed., 9-15 a.m. to 12 noon.
Venereal Diseases Clinics	Royal Halifax Infirmary	Thursday 2-30—7 p.m.
do.	York Place, New North Road, Huddersfield	Monday 2—4 and 5—7 p.m.
		Wednesday 10 a.m.—12 noon and 2—4 p.m.
		Friday 2—4 and 5—7 p.m.
Consultant Clinics, Ear Nose and Throat, Ophthalmic & Orthopaedic	Brook House, Brighouse	By appointment.
Orthoptic Clinic	Brook House, Atlas Mill Road, Brighouse	Bi-weekly (by appointment).

HOSPITALS.

Infectious Diseases.

Northowram Isolation Hospital has once again taken the majority of our cases of infectious diseases. During part of the year, however, some difficulty was experienced at Northowram Isolation Hospital due to shortage of resident medical staff, and the cases of Poliomyelitis were admitted to Leeds Road Hospital, Bradford.

Tuberculosis.

We have not had the same difficulty in the admission of our cases of Tuberculosis to hospital as was experienced previously. Many of the cases are now admitted to Northowram Isolation Hospital and many frustrating and even dangerous delays in the admission of active cases of Tuberculosis have been avoided. This has been a source of satisfaction because the early admission of active cases is important not only for themselves but also for other members of their families.

Maternity.

It is my opinion that some of the babies born in hospital could have been delivered at home, but the trend towards hospitalisation does seem to have been halted somewhat and the figures show an improvement on previous years. During 1953, 219 babies were born in hospital out of a total of 282.

Most of the first babies are probably better born in hospital, and certainly there are many houses in which delivery at home could not be safely undertaken.

The hospital facilities are excellent in this area and we much appreciate the help given by both the Halifax General Hospital and the Royal Halifax Infirmary in providing us with full information regarding the mothers and babies on discharge.

Old People.

There is still a shortage of hospital accommodation for old people, but the difficulties are not as great as they were. It is apparent that a half-way house between the Welfare Home and the Hospital would be a very useful provision indeed. Some patients who do not need hospital treatment are not considered suitable for admission to a Welfare Home.

MATERNITY AND CHILD WELFARE.

Health Visitors.

The work of the Health Visitors is perhaps the most important work of the Health Service. Midwives and Home Nurses have definite clinical duties, but the Health Visitor's work is primarily educational and is very difficult to assess.

During 1953, we had for the first time a full Health Visiting staff during the whole of the year, and they have been able to visit much more regularly and much more effectively. Their first visits to new babies particularly have been longer in duration and they have been able to give the mother and baby individual attention in their own home as well as seeing them in the middle of a busy clinic. The mother with the first baby has gained tremendously from the increased time the Health Visitor has been able to spend with her.

One result of the Health Visitors' regular visiting has been that the attendances at the Child Welfare Centres have not been quite so high, but it is my opinion that a visit to the mother and baby in the home, when the Health Visitor can advise on existing circumstances and existing difficulties is more valuable than a visit to the Centre.

As far as possible the Health Visitors have visited the children regularly, but to some extent the visiting has been selective in nature. Mothers who have special difficulties or themselves present a problem have had more of the Health Visitors' time, and the mothers who have several children and are able to attend the Child Welfare Centre regularly and who themselves know a great deal about child care, have not received such a large share of attention. The Health Visitor has become now not only an accepted but a most welcome part of our Divisional Health Service.

Less visits have been made to expectant mothers, but their attention has been no less, as more visits have been made by the Midwives attending the cases, and more women have been under the care of their own Doctor.

The Health Visitors have had cases brought to their attention by the General Practitioners, and a welcome increase in awareness among the Doctors of the Health Visiting Service has been noted.

TABLE 7.

Visits paid by Health Visitors in 1952 and 1953.

	1952.	1953.
Visits to New Births	246	275
Visits to Children under 1 year ...	1759	1843
Visits to Children 1 to 5 years ...	2342	2969
Visits to Expectant Mothers	93	69
Miscellaneous	1336	1300
	5776	6456

Problem Families.

One part of the Health Visitor's work which is particularly unrewarding is that of dealing with the so called Problem Family. There are not many well established problem families in Elland but there are several which are on the fringe and might be designated as potential or incipient problem families. It is with these families that the Health Visitors can hope to make some impression.

The amount of help given to these families is, of course, quite out of proportion with their number, but not, I think, out of proportion with their importance. Many of them are large families and all of them provide that negative education of children which is best calculated to produce problem families of the next generation.

In addition to spending a great deal of time with the mothers, the Health Visitors spend considerable time with the children, and especially the female children. These girls are at a great disadvantage. They are brought up in an atmosphere of muddle, dirt, debt, delay and general dishevelment. From their earliest days they are trained in procrastination. A job which needs doing can quite well be done the next day. Their feeding is inadequate and in consequence they often suffer from minor ill health and never attain the positive health of a healthy child. From a very early age they regard anyone in an official capacity as part of the "authorities," who are to be avoided whenever possible, and evaded when they cannot be avoided. They often do not even have the opportunity of entering a good home and observing how a well run home should be managed. Cookery and domestic science as taught in the schools seem to make very little impression, as of course, they see neither the materials used in the preparation of such food, nor the vehicles employed, in their own homes. Such items as flour and cooking fat, apart from frying fat, form no part of the household necessities, and they rarely have a day's supply of food. The storage capacity is often limited, but even when there are adequate larders they tend to be used for other things.

Worn out clothes and discarded toys are not thrown away, not because they are wanted for some remote contingency, but because the initiative for disposal is lacking. Most of them have no sheets on the beds and are brought up to lie between soiled blankets. Chamber pots are not emptied until they have overflowed, and meals are never planned beforehand. Even the Sunday dinner, which is still a big event in many households, is not thought out beforehand, and a meal of fish and chips from the shop is the biggest individual contribution. It is unfortunate that all children cannot have school dinners and that a means

test exists for members of these problem families. The income of many of the families is too high to allow free meals, but they cannot manage, certainly at the end of the week, to provide the necessary money to pay for the school dinner.

Largely ostracized at the instruction of good parents by other members of the child community, most of these girls would later on form problem families of their own, and it is very important that someone should take a regular interest in them and pursue a steady policy of positive education. There is no more important work undertaken by the Health Visitor. It is something of an achievement to be welcomed into these homes, especially when at every visit some suggestion in the nature of a reprimand is made. The Health Visitor has to combat her own discouragement at the lack of progress and has to look to the future in the prevention of these families.

I believe there is a good case for the admission of the infant children of these families to Day Nurseries. In this way they are not taken away from their parents but go home to them every evening. The mother who is a poor manager and would spend most of her day sitting about or gossiping does have an interest in her work and often will do more in an evening than she would all day if at home, and the child does feel that he belongs to a settled home, which feeling is extremely difficult to attain in the best of residential nurseries.

We were able to send two of our incipient problem families to Spofforth Hall, a Recuperative Home maintained by a voluntary organisation. In this excellent institution, families are taken and trained in housewifery. At the same time they are living in healthy surroundings and the mother, who is often underfed and spends most of her time in an unhealthy dwelling, has a chance to recover physically as well as mentally. Some benefit was received by the two families we sent, neither of whom were well established problem families, and both mothers of whom were young. Meanwhile, in Elland, with the co-operation of the Council and of a private landlord, we were able to obtain houses for these women when they returned home, and through a voluntary organisation they were helped and guided. In the case of a large family the Elland Council provided a specially large house for them and this family too have responded to some degree to the attention paid to them.

On the whole, all our efforts to help problem families have received little reward, but they still must form a major part of the work of this Department. It is noticeable that this type of family is decreasing, and although the progress made is slow I consider that some progress is being made.

Midwifery and Maternity Services.

Miss M. Porter, who was appointed in 1952, married during the year and removed to a district where her husband was able to find suitable employment. She was replaced in May by Mrs. E. E. Crossley, who is an Elland resident. Mrs. Mager continued to do the midwifery work in Stainland and Mrs. Crossley was responsible for the work in Elland and Greetland.

The increased maternity allowance for women who have their babies at home, came into force during the year. We were pleased about this as it was unfair that a woman who had her baby at home and had to provide a Home Help at her own expense should receive the same grant as a woman who had her child in hospital, where the mother and child are kept for nothing.

It is my belief that the home is the proper place to have a baby. Pregnancy and parturition are normal physiological processes and the baby is born in the environment in which it is to live. In addition, other children in the house take more readily to the baby that is born in the home and do not have to welcome a stranger who takes up a large share of the mother's attention. I have noted that there is less trouble with the older child when the baby is born at home. For this reason we welcome the fact that there is an increase in the percentage of babies born at home. In 1951, only 16% were born at home, in 1952 19%, and this year 22%, but it will be appreciated that 78% still remains a very high percentage of children born in hospital. There is a great deal to be said for first babies being born in hospital, and with smaller families there is, of course, a larger number of first babies in proportion to the birth rate. In addition, there are still many unsatisfactory homes, and we cannot expect a really substantial reduction in this figure.

As it is, there are barely sufficient babies born at home in Elland to justify the services of a whole time midwife, but we consider that the area covered by the midwife should not be increased unless it cannot possibly be avoided.

The work done by the midwives is set out in Table 8 which follows :—

TABLE 8.
Work done by the Municipal Midwives during 1953.

Labours conducted :	(a) as midwives	...	...	63
	(b) as maternity nurses	...	...	nil
	(c) total	...	...	63
Ante-natal visits	...	...	...	517
Post-natal visits	...	...	...	1133

Ante-Natal Clinics.

Table 9 gives particulars of the attendances at the Ante-Natal Clinics. As stated above, 63 confinements took place at home, but 72 mothers attended our ante-natal clinics. Intermediate attendances of patients being delivered in hospital were made at the clinics, and some of the mothers being delivered at home attended their own Doctors ante-natally.

We have again been able to make arrangements to send patients to the hospitals in the area, where consultant advice can be obtained.

TABLE 9.
Attendances at Ante-Natal Clinics.

	1950.	1951.	1952.	1953.
Number of Sessions	44	40	39	36
Total number of individual expectant mothers	81	100	72	72
Total number of attendances	317	358	172	254
Average number of patients per session	7.2	8.95	4.41	7.06

Post Natal Clinics.

Only eight patients attended the clinic post-natally but nearly 90% of mothers received a post-natal examination either at hospital, their own Doctor, or at the clinics. Since the National Health Service Act, many mothers have attended their own Doctor post-natally. This is a good thing, because it has always been difficult to persuade mothers to come to the clinics for post-natal examination. Once the baby is born the mother sees no necessity for further advice. Before the baby is born she attends the clinic mainly for the sake of her baby and she is less ready to seek advice for herself. This is unfortunate, as a post-natal examination may prevent much invalidism and trouble later on, which could well have been avoided by seeking advice at the proper time.

Relaxation Clinic.

The Relaxation Clinic has now become an important part of our services, and is greatly appreciated by the expectant mothers. At this clinic, not only are they taught exercises to strengthen the pelvic muscles but they are taught to relax, and many of them report that they are better able to sleep during the important ante-natal period.

The main uses of the clinic, however, are undoubtedly educational, and the opportunity is taken of instructing the mothers in breast feeding and the preparation of their breasts in the ante-natal period, and much of the anxiety of childbirth is removed. Many patients having their first baby who are attending hospital ante-natal clinics have attended our relaxation clinic.

Many mothers having their second and third babies do not attend the relaxation clinic because of their difficulties in bringing the children, and because they themselves have not known the advantages of this instruction, but already we are receiving back the mothers expecting their second baby who attended for instruction in relaxation and exercises during their first pregnancy, and there seems no doubt that this clinic will continue to grow in importance and numbers.

We have had many appreciative letters of the work of this clinic, and of the 43 mothers who attended during 1953, 41 were able to undertake breast feeding and to carry on until the child was old enough to receive complementary feeding. All the 43 expectant mothers have now been delivered of living children and none of them required instrumental help. They made altogether 251 attendances.

42 mothers attended for post-natal exercises, making 49 attendances. It is difficult to persuade the mothers to attend more than once post-natally as their family demands always come first, and the care of their own health seems to them less important than the care of their children.

TABLE 10.
Attendances at the respective Infant Welfare Clinics in 1953.

	Elland.	Greetland.	Totals.
Number of Sessions	51	46	97
Individual Children attending	409	219	628
Children attending for the first time	89	103	192
Medical Consultations	783	727	1510
Average number of medical consultations per session	15.35	15.8	15.57
Attendances of children under 1 year	1750	927	2677
Attendances of children over 1 year	850	423	1273
Total attendances	2600	1350	3950
Average attendances per session	50.98	29.35	40.72

It will be seen that the work at the Infant Welfare Clinics was again satisfactory. The number of children attending for the first time at the Greetland Clinic showed a 25 % increase, and as can be expected by the provision of new housing estates at Greetland and Stainland the use of this clinic appears to be increasing.

The Elland Clinic still has twice as many attendances as the one at Clay House, Greetland, and it is indeed unfortunate that it is still held in what can only be described as makeshift premises. There is a need for a new, up-to-date clinic in the centre of Elland. The Clinic at Clay House, situated as it is in the middle of a park, and at least planned for clinic purposes, is a great contrast to the Church Hall in use at Elland, where the waiting hall is separated by a draughty corridor from the weighing room and the Doctor's room, and where both weighing room and waiting hall are used for multifarious other purposes.

On the whole, the attendances of children over one year of age at both the clinics are gratifying. It should be remembered, however, that these clinics are supplemented by the Health Visitors visiting the homes, and in Outlane, Sowood and Stainland particularly the mothers rely to a large extent on their visits, as the Greetland Clinic is situated a long way away, in a very hilly district. There is a case for the provision of a branch clinic for this area but the numbers affected are, of course, small, and the natural shopping centre is situated near the clinic at Clay House. Similarly, mothers from Upper Edge, Lower Edge and Ainley Top find the Elland Clinic somewhat inaccessible, and some of the mothers living at Upper Edge and Lower Edge come to the Brighouse Clinic. It would be difficult to justify special clinic provision for these few scattered areas, and now, with the additional Health Visitor, we are able to cover the visiting of the children in these areas.

Dr. Muir of Greetland has taken over the work at the Greetland Infant Welfare Centre carried on for so many years by Dr. Clegg, and already he is performing very good work at this clinic.

The voluntary helpers at Greetland undertook to supply Welfare Foods at Clay House to relieve the mothers from having to make two journeys, one to the clinic and the other to the Food Office at Elland, and this additional service has been greatly appreciated.

At the end of June we lost the services of Miss Gibbon, who had given many years of devoted service to the Greetland and Stainland areas. She was greatly missed, but already, Miss Tinker, the new Health Visitor, has made herself well known and popular in the district.

Continuity at the clinic through the change of Doctor and Health Visitor has been maintained by the excellent team of voluntary helpers, who know the mothers individually and who continue to give devoted service week by week. Similarly at Elland, under the leadership of Mrs. Brearley, the voluntary helpers have maintained a high standard of service. It is very hard nowadays to persuade anyone to give voluntary service, and the work of these helpers at the clinics stands out in contrast to many who expect to be paid for any little duty they may perform.

Ophthalmic Scheme.

During 1953, 16 pre-school children were examined at the Ophthalmic Clinic. Spectacles were prescribed in seven cases.

Particulars are as follows :—

Strabismus	...	...	...	...	...	13
Hypermetropia	...	...	...	...	...	3

MENTAL HEALTH.

The Mental Health Social Worker has continued to do excellent work in this Division.

Mental Deficiency.

A married defective with a long history of mental deficiency and instability had had two of her children placed in the care of the Local Authority in a Children's Home for a considerable time. When her third child was born, with constant care and visiting by the Health Visitor, and following her improvement as a result of hospital treatment, this woman was able to care for her child at home, and the child remained remarkably well considering her adverse circumstances, as the woman's husband gives her little support and is himself not very stable. When the fourth child was expected in 1953 she again showed signs of mental breakdown and had to be admitted to hospital and the child placed in care for a period. Fortunately, she again responded to treatment and although it is a constant struggle to maintain this home in a satisfactory condition it has still not been considered necessary to place her two younger children permanently in the care of the Local Authority.

The rest of this report on the care of mental defectives is made on a Divisional basis.

Regular visits were made by the Mental Health Social Worker to all defectives in the area who are under supervision. Visits were also made to eight defectives not formally reported.

The number of defectives under supervision at the 31st December, 1953 is as follows :—

Statutory Supervision.

Males under 16 years of age	...	...	8
Females under 16 years of age	...	...	11
Males over 16 years of age	...	...	13
Females over 16 years of age	15

Under Guardianship.

Males	2
Females	1

Under Observation.

Males	4
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Eighteen defectives are in regular gainful employment. Defectives who are unable to earn their own living receive the National Assistance Board Allowance after their sixteenth birthday, and the Mental Health Social Worker has helped these children to obtain this allowance.

Thirteen children and two adults have attended group training classes during the year. Two children have attended an Occupation Centre in Bradford and have been conveyed there and returned by taxi each day.

In December, five children who had previously attended the group training class, commenced attendance at the Occupation Centre attached to the Westwood Hospital, Bradford. These children have also been conveyed by taxi and an escort has been provided.

Two adults have received training in their own homes.

The response shown by the children to the training they have received is very gratifying and their parents have been able to enjoy some relief from the burden of their care.

Until the end of the year, the teacher in charge of the training of our defectives was also employed in Division 19, but in December a teacher for Division 19 was appointed and we were able to increase the number of sessions for group training from four to eight half days a week. We should have been glad to increase the attendance to ten half days, thus falling into line with the regular school hours, but this was impossible owing to lack of accommodation. As it is, the group training class is held in the Waring Green Community Centre at Brighouse and there are no facilities for outdoor play or exercise. The distance from the Centre to the nearest park is too far for the children to be transported with the staff available, and there is great need for a proper building in which to train these defectives.

Altogether, however, 1953 was a year of progress, and when we compare the situation regarding the training of mental defectives with that of a few years ago when virtually no help was given locally, it is felt that a real step forward has been made.

After Care.

There were no requests for the after care of patients discharged from the Mental Hospital which takes cases from this area. We are notified of discharges but we are not told the condition of the patients. It is a great pity that background reports cannot be forwarded to us, as the Mental Health Social Worker is under considerable difficulty when she visits patients with no information of this sort available. I am satisfied, however, that she performs a very useful work by visiting these cases, and 36 patients who had had mental hospital treatment were visited by her during the year.

Some of these patients had, of course, been voluntary patients, and many of the voluntary patients were cases of Anxiety Neurosis who had taken their discharge before they were completely cured because they objected to being placed near people they characterised as insane. It would be a particular help to the Social Worker if she knew the forms their anxieties took. These patients require extremely tactful handling if we are to be able to help them, and without the knowledge of their anxiety one has to tread very carefully indeed. It is a tribute to the Mental Health Social Worker that she has been able to make so many friends among these patients and that we have never received a complaint following one of her visits.

Patients who have been in Mental Hospitals are not helped by the attitude of the public towards them, and many patients who would undoubtedly be assisted by a brief period in a mental hospital refuse to go because they know the public attitude towards anyone who has been unfortunate enough to be mentally ill for a brief period. No one looks askance at a person who has a nervous breakdown in their own home, but as soon as they voluntarily go away for treatment, in the mind of some they are classed as insane and belonging to a different category of people. There are signs of some improvement in the public attitude to mental illness, but to a patient who is mentally ill the knowledge that when they return to their homes they will not only have to cope with their own worries and anxieties but the additional stigma attached to having been in a mental hospital, often prevents them going into hospital for treatment.

Visits were also made to a number of patients who, because of mental ill health, were notified to the Health Department, from other sources, and in all these cases substantial help was given.

I think there is still great need for considerable propaganda among the public with regard to mental illness. A person who is physically ill for a short period receives sympathy and is welcomed back into the community. A person who is mentally ill for a short period is not regarded as convalescent and an object of sympathy, but rather of pity. I wish we could break down this attitude. Perhaps as more people go as voluntary patients and as more room is provided in mental hospitals for the treatment of these patients who are suffering from temporary mental illness, the whole attitude will change and it will be acknowledged that a patient who is so placed requires sympathy and help and is capable of full restitution to complete health.

In the Doctors' surgeries, in the School Clinics, and in the Child Welfare Centres, we meet many cases of minor mental ill health, some of which only need a word of encouragement. The Health Visitors, in their regular visits to the homes, not only treat the family's physical condition but often help with problems which, if neglected, would lead to mental ill health. The provision of Psychiatrists to deal with all cases of minor mental illness would be an impossibility, and would not be desirable. As our service grows and the Health Visitor becomes more well known and her co-operation with the General Practitioner becomes better established, I am quite sure that very much more preventive work in this field will take place.

The importance of the social circumstances of the family in connection with the physical ill health of a patient is now acknowledged and widely recognised, but they are perhaps of still greater importance in the causation of minor degrees of mental ill health, and the day to day work of the Health Visitor is incalculable in its good effect. We are finding that more and more people are coming to our ordinary clinics for guidance in the care of their children psychologically as well as physically, and this aspect of the work properly comes under this section of the Report.

In addition we have, of course, a Child Guidance Clinic, to which cases of mental ill health among children are referred. More often, these clinics devote a great deal of their time to parent guidance. I hope that very soon it will be possible in all the senior schools for Health Visitors and Medical Officers to spend some time in instructing school leavers in at least the elementary principles of bringing up children. So much mental illness is deep rooted and commences in childhood, and so much depends on the parents of the child.

The Duly Authorised Officer, Mr. Johnson, has given me the following report on his work in the Elland Urban District during 1953 :—

Persons removed as certified patients to Mental Hospitals	
under Section 16, Lunacy Act, 1890	5
Persons removed under Section 20, Lunacy Act, 1890 ...	8
Persons removed under Section 21, Lunacy Act, 1890 ...	—
Persons assisted in obtaining admission to Mental	
Hospitals as voluntary patients under Section 1,	
Mental Treatment Act, 1930	3

GERIATRICS.

The care of old people in their own homes is one of the most important functions undertaken to-day, and with the gradual aging of the population it is not likely that it will take up any less of our time. General Practitioners, Health Visitors, Home Nurses and Domestic Helps all have their part to play, and if the Domestic Help Service, the Health Visiting Service and the Home Nursing Service were paid for by the Regional Hospital Board out of the money saved in hospital costs by keeping the old people at home, all these services would be better paid. It often occurs to me when Local Authority costs are discussed and welfare expenditure falls on the rates, that the domiciliary care of the old could properly be a charge on the Hospital Service, as in so many cases it could be established that without these services hospital beds would have to be provided to a very much greater extent.

In 1948, after the passing of the National Health Service Act, Home Helps were only provided in five cases for domestic reasons and in ten maternity cases. In 1949, 18 domestic cases and 15 maternity cases were attended, and since then the number of maternity cases has remained remarkably constant but the number of domestic cases has increased year by year, until this year we provided Home Helps in 81 domestic cases. Only nine of these were where there was temporary incapacity of the housewife, the remaining 72 being in respect of old people. This figure of 72 could have been considerably higher except for the care of the old by their relatives. It also could have been lower if some of the relatives had been willing to make more sacrifices. It is, of course, a considerable sacrifice to give up one's work to attend to one's elderly relative in an area where the employment of married women is on such a large scale and the standard of living now demanded by the community in Elland is often not met by one wage in the family, and, with the younger and childless families particularly, it is the rule rather than the exception that the woman goes out to work.

As more houses become available and separate households are established for the young married couple, there will be an increasing reluctance to care for the parents. It is a great deal more difficult to arrange for care when the old person occupies a separate house. It also, of course, increases the problem of the old person, as the burden of care of the old person living alone is gradually shifting from the individual family to the community. Sometimes we feel that more sacrifices could be made for their parents and aged relatives by the young people, and Health Visitors do save expenditure on the Home Help Service by persuasion. However this may be, the community owes a duty to the old folk who are living on a pension steadily diminishing in terms of real money, and who have by their labours helped to found the present high standard of living of the people of this Country. In Elland, on the whole, the Home Help Service is not being abused, but we must watch for this constantly and try to avoid an unfair burden on the community which properly belongs to the family circle.

One of the best ways of keeping a check on old people living alone is by means of the old folk's clubs and Old Folk's Welfare Committee, and I have referred before to the necessity for the formation of such a Committee in this district. I said last year that there was scope for the formation of active old persons' clubs throughout the district. These clubs not only provide a weekly change from the routine of the old people and a meeting place with their friends, but when they are well run they also provide a useful check on absentees. There is nothing more tragic than the old person who lives alone and is taken suddenly ill and is not able to call for assistance in time of need. Elland is a friendly place where much good is done by neighbours who take a real interest in each other and we rarely hear of an old person remaining alone and untended during their last hours, but we should be happier if a special organisation for their care were set up in the town, with clubs in each small area.

The Greetland Old Folk's Treat Committee have done a large amount of visiting and now are to be the pioneers in forming a club in 1954 in the Greetland area. I hope this will be the forerunner of others.

The Elland Business and Professional Women's Club have also undertaken the work of visiting selected cases of old people in their homes where the Health Visitors have felt that these people would benefit from such visiting. This visiting has been greatly appreciated by the old people and by ourselves.

We still have had cases, particularly of females, who have had to wait a considerable time for a hospital bed, but the position has eased since the early days of the National Health Service Act, when the sudden departure of the Relieving Officer, who could always obtain immediate admission for cases who required it, produced a crisis.

Many of the so-called old people in our community, i.e. people eligible by age for a pension, are still able to work, and some do work, but I believe that there is considerable scope for the part-time employment of the older people.

There has again been a period of full employment throughout the district. This has resulted in a shortage of Home Helps, and we have not always been able to provide a regular Home Help Service for all the old people who require it, but it has also meant that the employment of old people in the jobs in which they are skilled not only provides a useful interest to them but helps to fill the need in the textile industry.

CARE AND AFTER CARE.

The tendency this year has been for fewer requests for after care by the hospitals, and only 41 cases were referred to us, of which 20 were maternity cases.

We received notification of all cases discharged from mental hospital, but we have not received any specific requests for after care work. The difficulties experienced here are referred to in the Mental Health section of the Report.

Many of the old people have been visited by the Doctor who is to care for them in hospital in order to assess the relative need in respect to the accommodation, and there has not been the same demand for background reports on social conditions.

Despite this, the Health Visitors are still being called upon more and more for advice to other members of the family than the mother and the young children, and the time they spend on this other work is considerable.

These visits have been included under the heading Miscellaneous Visits, and altogether 1,300 were made in 1953. These visits have not been split up into their various categories, but include visits for care and after care, visits to old people, visits in respect of the Home Help Service, and visits in respect of housing in order to assess the relative needs of the families. Many extra visits have been made to problem families as compared with ordinary families.

These have not been shown as a separate item but have been included in the visits.

SANITARY CIRCUMSTANCES IN THE AREA.

Water Supply.

Of the 7,068 inhabited houses in the Borough, 6,850 are on the public water supply. The remaining houses have private supplies derived from springs and wells, the majority of which are liable to contamination. The number of houses not yet on public water supply is 218, or 3 per cent. of the total houses in the district. The majority of these houses are at Stainland.

86% of the houses on public water supply are supplied by Halifax Corporation and 3% by Huddersfield Corporation, the remaining 11% being supplied from our own reservoirs at Coldacre and Upper Greetland. The public water supply from Halifax and Huddersfield has been satisfactory in quantity and quality. Bacteriological examination and chemical analysis of the water from our reservoirs have been satisfactory.

Last year I referred to our anxiety about the Upper Greetland supply, which consistently over the years has shown far too low a pH value. Soft, well oxygenated water forms an oxyhydrate of lead which can be dissolved if the water is acid. This supply is a very small one, and the number of houses supplied does not permit the installation of an expensive plant. There is no electricity supply, so an electric appliance cannot be installed. Much consideration was given to the improvement of this water, and in May, 1953, a drip feed was installed. It will be seen from the reports below that the specimen taken in September showed an improved result, with a pH value of 7.3 and a much reduced lead content. For the purposes of comparison a summary of the results of specimens taken since 1947 in respect of this water is appended. Since the installation of the drip feed we have arranged for regular pH readings to be made in the Health Department, and these have been consistently over 6, but have not been as high as we should have liked, and it appears that it will be necessary to take further steps to improve this water.

Supply	Date sample collected	Result of Examination. Lead content (grains per gallon)	pH value.
Elland U.D.			
Stainland Coldacre Supply.			
After standing in pipe all night	16.4.53	Nil	7.9
After standing in pipe for a measured period of half an hour 	16.4.53	Nil	7.8
Upper Greetland Supply.			
After standing in pipe all night	16.4.53	4/10	6.5
After standing in pipe for a measured period of half an hour 	16.4.53	1/10	5.8
Elland U.D.			
Stainland Coldacre Supply.			
After standing in pipe all night	29.9.53	Nil	6.9
After standing in pipe for a measured period of half an hour 	29.9.53	Nil	6.8
Upper Greetland Supply.			
After standing in pipe all night	29.9.53	1/10	7.3
After standing in pipe for a measured period of half an hour 	29.9.53	Nil	7.2

Elland Urban District.

Upper Greetland Water Supply.

Place of Collection.	Date of Collection	Results (lead content in gns. per gall.)			
		All night		Half hour	
		Lead	pH Value	Lead	pH Value
Whitehall, Turbury Lane, Upper Greetland	8.12.47	Nil	9.6	Nil	9.4
New House, Upper Greetland	14. 7.48	1/24th	6.8	Nil	6.7
New House, Upper Greetland	4.11.48	1/36th	6.6	Nil	6.5
New House, Upper Greetland	25. 3.49	1/2	6.3	1/8th	5.5
Prospect House, Upper Greetland	15. 2.50	1/5th	6.0	1/10th	6.0
Prospect House, Upper Greetland	2.12.50	1/4th	5.0	1/10th	5.4
Prospect House, Upper Greetland	4. 9.51	1/30th	6.0	1/100th	6.2
Prospect House, Upper Greetland	8. 4.52	2/5th	5.8	1/14th	6.0
Upper Turbury, Turbury Lane	19.12.52	3/10th	5.9	3/50th	5.7

Drainage and Sewerage.

I have been informed by Mr. F. R. Birkhead that no extensions to sewers were made during 1953. Approximately 490 houses, or 7% of the total number of inhabited houses in the district, are not yet connected to sewers. Many of these houses are semi-rural in character and it is impossible to envisage their being connected up in the foreseeable future.

Some of the sewers in the Stainland area are not connected up to the main sewer and this position also cannot be considered to be satisfactory. One of the problems which it is considered requires urgent attention is this question of the provision of an adequate sewerage system in this outlying part of the Elland Urban District.

It is my opinion that 7% of houses unconnected to sewers is far too high a proportion for an Urban District.

Rivers and Streams.

The West Riding Rivers Board is the supervising Authority. No complaints regarding the pollution of any streams in the area were received in the Health Department during the year.

Public Baths.

I am obliged to Mr. F. R. Birkhead for the following statement of the attendances of bathers during 1953 :—

Mixed Bathing	...	...	...	...	19,440
Males	...	...	...	...	4,013
Females	...	...	...	...	4,784
School Children's Classes	...	...	..		9,508
Youth Clubs, etc.	...	...	...	...	1,540
Foam, Steam, etc.	...	...	...	...	998
Slipper Baths	...	...	...	...	7,407

Samples of water taken from the Public Baths were again satisfactory from a bacteriological standpoint, although the free chlorine was low.

HOUSING.

At the end of 1953 only 212 post-war Council houses had been erected in the Elland Urban District. This gives us an average of 26 new Council houses each year for the eight years. Particulars of these houses are given below :—

	Two bedrooms.	Three bedrooms	Four bedrooms.	Totals.
Elland	32	46	8	86
Stainland	40	34	2	76
Greetland	10	34	6	50
	82	114	16	212

Progress in housing year by year is as follows :—

Year	No. completed	
1946	Nil	It was decided not to accept prefabricated houses.
1947	5	
1948	46	
1949	33	
1950	30	
1951	56	
1952	10	
1953	32	

The demand for houses for the relief of overcrowding continues unabated, and although we know that 114 cases of overcrowding have been relieved since the war by the provision of new houses we still know of 59 cases of overcrowding according to the standards of the Housing Acts. When it is also realised that a very large problem of slum clearance awaits us, the rate of housing progress in Elland leaves much to be desired.

This year, however, we can report that 32 new houses have been erected. If we eliminate 1946 and 1947, when the housing programme in Elland had not really got going (only five houses were erected in 1947 and none at all in 1946), we obtain an average figure of 34 per year. It is hoped that it will be possible to attain at least this figure during the next decade. If only half of these houses are devoted to the re-housing of tenants displaced by our slum clearance programme and half for the relief of overcrowding, even with the known cases of overcrowding it will be some years before all the cases have been dealt with, and 17 houses each year for the relief of slum clearance will not enable us to touch the fringe of the problem. No housing survey has been made in respect of overcrowding and there are, no doubt, many other cases of overcrowding of which we have no cognizance.

We do know of a large number of sub-standard houses and it appears as though it will be impossible to include in an early housing programme numbers of substantially built houses which have not through ventilation. Of course, a certain number of cases of overcrowding will be dealt with under a slum clearance programme and I hope that the facts given above are sufficient to show that the present rate of housing progress in Elland requires to be maintained and accelerated if slum clearance is to be tackled in a realistic manner.

Up to the present time the policy has been adopted of representing a few individual houses under the Housing Acts when we have news that the tenants are shortly to be re-housed for other reasons, so that at least the houses would not be re-occupied when the present tenants were re-housed, thus creating a further problem for the Council in years to come. In most of these cases undertakings have been accepted.

In July, 1952, I made an official representation in respect of a Clearance Area in Dyson's Yard and Westgate, Elland, and in the Minutes of the Elland Urban District Council of July 30th, 1952 there was a Minute recommending "the Council to proceed under and in pursuance of the provisions of Part III of the Housing Act, 1936, with a view to declaring the area above-mentioned to be a clearance area under the Act." This minute was duly passed by the full Council but was never implemented, and the area remains to this day in a dilapidated condition. The difficulty was the re-housing of the tenants. It will be seen by the fact that these houses were represented two years ago and that the Health Committee agreed with this representation, that a duty remains on the Council to implement the decision taken.

The re-housing of tenants from sub-standard houses is a difficult problem, as they are not always by any means the best tenants for a Council house, but when children are involved it may be the policy of re-housing, although not showing immediate results, will, in the long run, pay the Local Authority. We have to think not only of the present generation but of the generations to come, and children living in completely unsatisfactory houses, with unsatisfactory parents, with no proper facilities for play, under-fed and inadequately clothed, are worse off than children who, although under-fed and not well cared for, have at least a dry, satisfactory home, well ventilated and well lit. There is no doubt in my mind that the Council have a statutory duty to proceed with the re-housing of the tenants from this Clearance Area, which it has been admitted contains some of the worst houses in the district, houses which it is agreed are unfit for human habitation.

FOOD INSPECTION AND SUPERVISION.

Milk Supply.

I have previously referred to the large number of people who drink ungraded milk and stated that I consider that regular sampling of this milk is essential. Since the transfer of the supervision of the Dairy Farms our sampling has been done during distribution. Of the 21 designated milk samples taken, 19 were satisfactory, and 6 out of the 44 samples of ungraded milk failed to satisfy the

Methylene Blue test. Some of these samples were taken during the hot weather, and on the whole the result of our sampling can be considered satisfactory. We shall continue to keep an eye on the non-designated milks.

Biological tests were done on milk supplied to families where there had been a case of non-respiratory Tuberculosis. Altogether, 16 samples were taken for biological tests and all of them were negative. A biological test on a sample of milk delivered in another district but produced in this area was found positive for Tuberculosis and a Notice was served under the Milk and Dairies Regulations, 1949. This Notice was subsequently withdrawn when the danger had been removed.

Ice Cream.

There are now 50 premises registered in the district under Section 14 of the Food and Drugs Act, 1938, for the manufacture or sale of ice cream, and 60 visits were paid to them during the year.

Of the 35 samples examined, 30 came into Grade 1 and 4 into Grade 2. There was one sample in Grade 4. It will be seen that on the whole the bacteriological standard of ice cream sold is very high.

Meat.

All the meat was slaughtered in the Regional Slaughterhouse at Brighouse, and particulars of the meat inspection carried out are contained in the Brighouse Annual Report.

Other Foods.

Details of unsound foods, other than meat, condemned and surrendered from the shops is given in the Sanitary Inspector's report.

There were no food poisoning outbreaks in the area during 1953.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

General.

The notifiable disease most prevalent during 1953 was Measles.

Diphtheria Immunisation.

The number of children who had completed a full course of Immunisation at any time up to the 31st December, 1953 is as follows :—

Age at 31.12.1953.

Under 1	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.
30	111	157	184	202	1044	983
Total 2711.						

The age in this table is at the 31st December, 1953, and it will be appreciated that many of the children immunised early in 1953 but born in 1952 were actually under one at the time of immunisation. The usual age for immunisation against Diphtheria is 8 months, and the immunisation takes a month to complete, so that it is only possible for the children born in the first 3 months of the year to be immunised.

In order to get a true picture of the degree of immunity conferred on the child population, the Ministry of Health have asked us to tabulate the children immunised in the Division in two groups, which give the number of children who have received either an initial or a booster dose in the last five years and those who were immunised at a date preceding this. It will be understood that some degree of permanent immunity is conferred on the children by the initial immunisation, but that we try to protect them by a booster dose just before they go to school, again at 8 years of age, and again at 10. This table has been compiled on a Divisional basis, and shows that over 5,000 children have been protected during the last five years and that nearly 3,500 of the present child population were immunised prior to 1948. The full figures are given below :—

Number of children at 31st December, 1953 who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1939).

Last complete course of injections (whether primary or booster)

	Under				
Age at 31.12.53	1	1—4	5—9	10—14	Under 15
i.e. Born in Year	1953	1952-1949	1948-1944	1943-1939	Total
A. 1949—1953	56	2159	2412	664	5291
B. 1948 or earlier	—	—	1066	2358	3424

During 1953, 198 children were immunised and in addition 47 children were given booster doses.

Vaccination.

There were no cases of Smallpox during the year.

During March, April and May, 1953, cases of Smallpox occurred in neighbouring districts, and there were four cases at a General Hospital. The outbreak was tackled very promptly and all possible contacts were vaccinated, and of the figures given below, 127 vaccinations were carried out at hospitals in the neighbouring County Borough. Many of the persons vaccinated were vaccinated during this period, and I am afraid that this is the principal reason why our figures this year are better. Since the epidemic died down it has again been difficult to persuade parents to have their children vaccinated at four months of age.

Vaccinations carried out during the year were as follows :—

	Under 1 year	1 year	2—4 years	5—14 years	15 and over	Total
Ages	76	27	44	55	96	298
Re-Vaccinations			5	20	147	172

Whooping Cough.

In many respects Whooping Cough is now one of the more serious of the Infectious Diseases. It causes a prolonged illness and is particularly wearing to the very young child. An attack of Whooping Cough during the Winter months can be very disabling indeed.

This year there were 61 cases of Whooping Cough, but fortunately the time of maximum incidence was in April, May and June, when the weather was better and complications were less severe and less frequent. Despite this, the epidemic was sufficiently severe to cause a great deal of distress and to give further point to our campaign for Whooping Cough immunisation. 114 children were immunised, and of these, 77 were under one year. It is among the very young children, and particularly those under one year of age, that Whooping Cough is such a serious disease, and for this reason we have tried to persuade mothers to have their babies immunised as early as possible. Arrangements are made for them to be vaccinated at 4 months old, and immunised against Whooping Cough as soon after this as possible. It will be seen that the numbers we have been able to immunise up to now are not sufficient to provide protection in the community.

Scarlet Fever.

During 1953 there were 32 cases of Scarlet Fever, compared with 18 in 1952. The disease continued to be mild in character and there were few complications. Indeed it was so mild that there were probably several missed cases. This disease is due to a streptococcus which does not always produce skin manifestations. The disease occurred a few cases at a time throughout the year, and it was only in September and October that we had more than one or two.

Measles.

Measles was again the infectious disease most prevalent during the year and we had 180 cases notified. The greatest incidence was at the beginning of the year and occurred in epidemic proportions in January and February following the epidemic which had started at the end of 1952. After August there were no cases of Measles notified in the area.

We have no practicable form of immunisation against Measles and it is so prevalent and usually so mild and so infectious that the prevention of this disease is extremely difficult. It is certainly better if a child has to have Measles that the infection is received during the Summer months when complications are less likely. As it was, only three cases were admitted to hospital and there were no deaths from this disease.

Acute Anterior Poliomyelitis.

Three cases of Anterior Poliomyelitis were notified during 1953. Recent work on this disease has shown us that the primary site of infection is the oropharynx or the intestine. The habits of young children who attend to themselves when they go to the lavatory and do not always perfectly wash their hands and are very often fond of holding hands together, aid the spread of the disease. The first case we had in 1953 occurred on the 28th September in a boy aged 7 years. There was a history that his brother aged 8 suffered from sickness on the 11th September and subsequently developed Infectious Hepatitis. On the 21st September another brother, aged 16 months, had diarrhoea, and on the 28th September the patient awoke with a headache and stiffness of the neck. This was a non-paralytic case. It was entirely unconnected with the second case, which occurred on the 26th October in a girl aged 5 years, who commenced with headache, fever and rhinitis. She was better on the 27th and afebrile on the 28th, but was later found to have muscular weakness in the right knee and left hip. It was diagnosed as Paralytic Poliomyelitis. She was the only child in the family and both her parents were well.

The third case attended the same class in the same school as the second case. She commenced to be ill on the 4th November and had a history of stiffness of the leg, abdominal discomfort and pyrexia. She complained of weakness of the back and this was diagnosed as a case of Paralytic Poliomyelitis. There seems little doubt that the last two cases were connected, and in view of the dates of onset the suspicion remains that the second case may have been connected with the first, although we were not able to find any such connection. Many of the children from this classroom were kept away from school by their parents and all the others were placed under surveillance, but no other cases developed.

Erysipelas.

There were two cases of Erysipelas during the year.

Cerebro Spinal Fever.

No cases of Cerebro Spinal Fever were notified during 1953.

Food Poisoning.

There were no cases of Food Poisoning during the year.

Puerperal Pyrexia.

There were two cases of Puerperal Pyrexia. One of these cases was due to a breast abscess and the second was due to an infection following a perineal tear. This cleared up in three days.

Ophthalmia Neonatorum.

No cases of Ophthalmia Neonatorum were notified during the year.

Pneumonia.

49 cases of Pneumonia were notified during 1953. This was the largest number of cases for many years, and the highest incidence was in the first four months of the year. There were 10 deaths as compared with 8 in 1952.

Tuberculosis.

It will be seen from a reference to Table 13 that there were 16 new cases of Respiratory Tuberculosis in males as opposed to 12 last year, and 6 new cases of Respiratory Tuberculosis in females as opposed to 10 last year. There was no Pulmonary Tuberculosis notified in female children under 15 years of age but two male children under 15 years of age were notified as compared with three last year, so that there were actually 14 cases of adult Pulmonary Tuberculosis in males, as opposed to 9 last year. Our figures then, show no decrease in the incidence of Tuberculosis. Both the children were cases of juvenile Tuberculosis.

Of the three cases of non-Respiratory Tuberculosis, one suffered from Tubercular Meningitis and the other two were cases of Cervical Adenitis.

The deaths from Tuberculosis showed an increase on last year, there being 4 males who died from Respiratory Tuberculosis and the child mentioned above who had Tubercular Meningitis, compared with one male and two females who died from Respiratory Tuberculosis last year.

We now have a Health Visitor engaged full time on the work of Tuberculosis visiting. She also attends the Tuberculosis Clinic, where she sees the patients, often before visiting them in their own homes.

A close liaison is maintained with the Housing Department, and in cases where a separate bedroom cannot be obtained a representation is made to the Housing Committee. The rate of re-housing in Elland is much slower than we would wish, but of the houses available a fair allocation has been made for this purpose.

The long waiting list for the admission of cases to sanatorium has not obtained this year. This is principally due to the opening up of the Northowram Hall Hospital for cases of Tuberculosis. The Health Visitor visits both the Northowram Hall Hospital and the Shelf Sanatorium to see patients and discuss their domestic and social problems with them.

All child contacts were tested as to their susceptibility to Tuberculosis, and in three negative cases where the children were exposed to infection they were immunised by the injection of B.C.G.

No action has been found necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, nor under the Public Health Act, 1936, Section 172.

CANCER.

There were 41 deaths during 1953, 18 males and 23 females, from some form of malignant disease.

The fear of cancer when it does not exist worries a great many people and prevents people who have the disease from seeking early medical advice. With early treatment many cases of cancer can be relieved, and many people who are not suffering from the disease have unnecessary periods of anxiety which would be avoided if only a proper medical examination was made.

TABLE 11.
MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1953.

Month.	Scarlet Fever.	Tuberculosis		Pneumonia	Erysipelas	Poliomylitis	Puerperal Pyrexia	Meningococcal Infection	Measles	Whooping Cough	Totals
		Lungs	Other								
January	3	3	2	9	—	—	—	1	76	1	95
February	2	2	—	7	—	—	—	—	67	2	80
March	2	1	—	5	1	—	1	—	16	—	26
April	2	—	—	10	1	—	—	—	4	15	32
May	1	1	1	3	—	—	—	—	10	26	42
June	1	1	—	3	—	—	—	—	1	16	22
July	2	3	—	2	—	—	1	—	5	1	14
August	—	3	—	1	—	—	—	—	1	—	5
September	6	1	—	—	—	—	—	—	—	—	7
October	8	1	—	3	—	2	—	—	—	—	14
November	2	3	—	5	—	1	—	—	—	—	11
December	3	3	—	1	—	—	—	—	—	—	7
Totals	32	22	3	49	2	3	2	1	180	61	355

TABLE 12.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
AND HOSPITAL ADMISSIONS DURING THE YEAR 1953.

Disease.				Cases Notified.	Admitted to Hospital.	Total Deaths
Measles	...	...	...	180	3	—
Whooping Cough	...	...	...	61	3	—
Smallpox	...	...	...	—	—	—
Scarlet Fever	...	...	...	32	17	—
Diphtheria	...	...	...	—	—	—
Pneumonia	...	...	...	49	3	10
Erysipelas	...	...	...	2	—	—
Puerperal Pyrexia	...	...	...	2	—	—
Poliomyelitis	...	...	...	3	3	—
Meningococcal Infection	...	...	...	1	1	—
Totals				330	30	10

TABLE 13.

TUBERCULOSIS—New Cases and Mortality during 1953.

		New Cases.				Deaths.			
		Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
Age Periods		M.	F.	M.	F.	M.	F.	M.	F.
0	...	—	—	—	—	—	—	—	—
1	...	1	—	2	—	—	—	1	—
5	...	1	—	1	—	—	—	—	—
10	...	—	—	—	—	—	—	—	—
15	...	—	—	—	—	—	—	—	—
20	...	3	1	—	—	1	—	—	—
25	...	4	2	—	—	—	—	—	—
35	...	1	2	—	—	—	—	—	—
45	...	2	1	—	—	1	—	—	—
55	...	2	—	—	—	1	—	—	—
65 and upwards		2	—	—	—	1	—	—	—
Totals		16	6	3	—	4	—	1	—

SMOKE ABATEMENT.

Smoke observations were again taken during the year, and in all 293 observations were taken. In three cases the limit of three minutes in thirty was exceeded and steps were taken in respect of these.

The fact remains that there is a great deal of smoke pollution in this district, not the least of which is occasioned by the domestic user. Further details are contained in the Sanitary Inspector's Report.

RATS AND MICE DESTRUCTION.

The work of the Rodent Operative is now much appreciated in the district, and the demands for his services have been greatly increased, the total number of visits made in connection with rats and other pests being 1,243. Almost every factory in the district was visited, and all the farms.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR AND CLEANSING SUPERINTENDENT FOR THE YEAR 1953.

To the Chairman and Members of the Health Committee.

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit to you my Annual Report for the year 1953.

The work of the Department has proceeded quietly and efficiently, although some strain may be imposed during the coming year with the re-opening of private slaughterhouses, and duties under the new Housing Acts. Mr. Keith Ramsden returned for duty after completing his military service.

In spite of the helpful co-operation of the majority of property owners, the main problem of the Department continues to be the bad housing conditions experienced by numbers of families. Much cottage property is rapidly reaching the stage when it can only be dealt with by demolition. The position is further aggravated in many instances by the difficulty of meeting council house rents. Nevertheless, much good work has been done by the Housing Sub-Committee in re-housing needy or overcrowded families.

The Municipal dustbin scheme continues to work satisfactorily and it is now possible to obtain the stronger dustbins with a resultant increased life. The scheme costs a little less than a 2d. rate.

The Council's Conversion Scheme has reached the stage when the readily-convertible pail closet and privy middens have been dealt with. Those remaining are difficult or impossible to drain until sewer extension takes place.

Rodent control is now well in hand. Sewers receive half-yearly treatments. Farms, business premises and household property receive regular attention, and the service is appreciated by the public.

Food inspection and sampling have occupied a fair amount of time and standards are again high.

Vermin infestations are almost negligible compared with previous years. This is gratifying, particularly as regards the bed-bug. A detailed survey of Council property revealed a high standard of cleanliness, and in only one or two isolated instances was any evidence of vermin found. These cases were promptly dealt with.

The position regarding atmospheric pollution remains very much the same, the main source of pollution being the house chimney, this not being helped by the burning of nutty-slack, etc. There is no hope in this direction whilst existing apathy to the question remains. Observations of factory chimneys show some improvement, with one or two notable exceptions.

A large share of the Sanitary Inspectors' work is taken up with refuse collection and disposal, and salvage matters. Although the price of waste paper has dropped considerably, the income from this source was equal to a 2d. rate.

The care and maintenance of Public Conveniences is the responsibility of the Health Committee. During the year there has been an improvement in the cleanliness, but it is distressing to have to report an increase in wilful damage both of fittings and buildings by a certain section of the community.

In conclusion might I stress the happy relationship existing between Dr. Appleton and my Department, and thank my staff, fellow Officials, Chairman, Vice-Chairman and Members of the Committee for their continual support and assistance.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

A. D. JACKSON,

Chief Sanitary Inspector and Cleansing Superintendent.

SANITARY ACCOMMODATION.

Number of Water Closets	5347
Number of Waste Water Closets	304
Number of Pail Closets	335
Number of Privies	89
Water closets provided to new premises during 1953	46
Percentage of Closets on Water Carriage system	93.4%
Percentage of Fresh Water Closets	88%

The end of 1953 marks the completion of the third year of the Council's Conversion Scheme. The conversion of pail closets and privies to water closets has proceeded in accordance with the Report submitted to the Health Committee in September, 1950. Owners have again responded to the Council's offer to pay half the cost, as laid down under Section 47 of the Public Health Act,

1936. A total of 135 pail closets and 23 privies have now been converted since the commencement of the Scheme, almost all of these being in the Stainland area.

In addition 10 waste water closets were replaced by fresh water closets, a grant of £7 10s. 0d. being made in each case. 46 water closets were provided at new houses and 3 at old property.

Most of the pail closets and privies that can be readily converted have now been dealt with. The remaining ones are those having drainage difficulties, with a consequent higher cost of conversion.

In the Stainland area there will still be a number of pail closets and privies that cannot be converted owing to lack of satisfactory sewer or water supply. The big reduction in pails has eased collection difficulties to some extent, as it was becoming difficult to obtain labour for this objectionable task.

It will be noticed that 88% of the sanitary conveniences are water closets (not including waste water closets). A large number of houses, however, have still to share at the use of a W.C. which is often situated some distance from the dwelling. These cases are unsatisfactory from every point of view, not least being the friction arising between the tenants as to liability for keeping clean.

DRAINAGE AND SEWERAGE.

Quite a considerable amount of work has been carried out under this heading, due to the conversions mentioned previously. The supervision of the construction and re-construction of drains to existing premises is the responsibility of this department and the conversion scheme has given the opportunity to obtain information regarding the drains and sewers, which was not held by the Department previously.

In addition to the conversions, there have been the usual number of complaints of faulty drains and in connection with these some 37 inspections were made. Use was made of colour, volatiles and smoke at various times in the testing of these drains.

No extensions to sewers have been made during 1953, but it is hoped that sewer extensions will be made to certain areas in the future to enable satisfactory drainage to take place. There are still approximately 490 houses not connected to public sewers, and the existing sewers in some parts of the district are obviously nearing the stage when some attention will be required.

No complaints were received from the Rivers Board regarding effluents from sewage disposal works.

OFFENSIVE TRADES.

The following offensive trades are registered :—

Tripe Boilers	2
Soap Boilers	1
Oil Extractor	1

No complaints whatsoever have been received regarding these businesses and 12 inspections were made of the premises during the year under review. The general cleanliness of the premises is satisfactory.

FACTORIES ACTS, 1937 and 1948.

1. Inspections for the purposes of provisions as to health.

Premises	Number on Register	Inspections.	Written Notices.	Occupiers prosecuted.
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	30	21	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	193	79	—	—
(iii) Other premises in which Section 7 is enforced by Local Authority	—	—	—	—
Total ...	223	100	—	—

2. Cases in which defects were found.

Particulars.	Found. Remedied.		Referred To H.M. By H.M. Inspector. Inspector.		Occupiers prosecuted.
Want of cleanliness (Section 1)	—	—	—	—	—
Overcrowding (Section 2) ...	—	—	—	—	—
Unreasonable Temperature (Section 3)	—	—	—	—	—
Inadequate Ventilation (Section 4)	—	—	—	—	—
Ineffective drainage of floors (Section 6) ...	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient	2	1	—	—	—
(b) Unsuitable or defective	4	4	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	5	4	—	—	—
Total ...	11	9	—	1	—

SECTION 34, FACTORIES ACT, 1937.

Means of escape from fire. Duties under this Section are carried out by this Department. Periodic inspections are made and in addition, two certificates were issued during the year. In these cases the certificates were needed because of the increases in the number of workpeople employed.

PETROLEUM (CONSOLIDATION) ACT, 1928.

PETROLEUM (MIXTURES) ORDER, 1929.

PETROLEUM (CARBIDE OF CALCIUM ORDER), 1929, etc.

The Chief Sanitary Inspector is the Official acting as Petroleum Officer for the purpose of administering the above Acts.

During the year 56 Licences were re-issued to store Petroleum Spirit and one additional licence was granted in respect of a new installation.

Two licences were issued for the storage of Carbide of Calcium.

One licence was issued for the storage of Petroleum Mixtures.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

This Act came into operation on November 1st, 1951, and is administered by the Health Committee through its Sanitary Inspectors.

An explanatory report was submitted to the Health Committee in December, 1951.

Briefly, the Act forbids the use of certain filling materials for upholstering, stuffing of beddings, toys, baby carriages, etc., except on premises registered by the local authority. Premises where rag flock is manufactured or stored must be licensed.

Provisions are incorporated to prevent the sale or use of unclean filling materials and regulations have been made giving standards of cleanliness.

RODENT AND PEST CONTROL.

Mr. L. W. Button continued as Rodent Operative and his services are very much in demand by industrialists, farmers and householders, most of whom express appreciation of the service offered and the results obtained. His work is carried out in conjunction with the Sanitary Inspectors. Half the salary is paid by the Infestation Division of the Ministry of Agriculture and Fisheries.

During 1953, sewer maintenance treatments were carried out in Elland, Greetland and Stainland. In future it will be possible and advisable to carry out two treatments a year of all infested sewers in the Council's area.

The following figures give an indication of the need for a regular treatment.

District.	No. of manholes baited	No. of pre-baits taken.
Elland area	98	58
Greetland	90	52
Stainland	38	17
Total ...	226	127

General Inspection of the District.

The total number of visits made by the Rodent Operative and Sanitary Inspectors in connection with rats and other pests during the year was 1243.

During the year all farms within the district have been visited, practically all factories have been visited and all sewage works, refuse tips, etc. have received attention.

All complaints from domestic premises have been followed up and where necessary treatment has been carried out.

The total number of treatments carried out during the year was 128, and a summary is given below showing how these were made up and the results obtained.

Type of Premises.	No. of Treatments.
Industrial	55
Farms	14
Sewage Works	4
Refuse Tips	8
Domestic	31
Shops	16

Number of Baiting Points	...	...	...	...	...	1487
Number of Poison Takes	...	...	...	...	...	881
Estimated number of rats killed	...	...	...	...	...	1087
Estimated number of mice killed	...	...	...	...	...	654

All rodent control work is carried out in accordance with the suggestions laid down by the Infestation Division of the Ministry of Agriculture and Fisheries.

ATMOSPHERIC POLLUTION.

Number of Observations taken	...	...	293
Number of Cases in which the limit of 3 minutes in 30 was exceeded	...	...	3
Number of Abatement Notices served	...	...	3

Observations and recordings of Smoke concentration, Sulphur Dioxide, and Soot deposits have been continued and the graphs give an indication of the variation that takes place throughout the year.

The graph showing the soot deposit in tons per square mile shows a strange feature in that the highest monthly total was in July but this indicates that the soot deposited is closely allied to the rainfall as July had the highest rainfall for the year.

The graph for Smoke concentration shows once again the extremely large drop in the readings for the summer months which indicates fairly clearly the amount of smoke produced by house fires.

A noticeable feature has been the marked increase in the recorded Sulphur Dioxide towards the end of the year.

Elland forms part of the Constituent Area of the West Riding Smoke Abatement Committee of which your Chief Sanitary Inspector is a member of the Executive Committee.

SMOKE
CONCENTRATION
MILLIGRAMMES PER
CUBIC METRE

.3
.275
.250
.225
.2
.175
.150
.125
.1
.075
.05
.025

JAN
FEB
MAR
APR
MAY
JUNE
JULY
AUG
SEP
OCT
NOV
DEC

SULPHUR DIOXIDE
MILLIGRAMMES PER SQ.
CM. PER DAY

4.8
4.4
4.0
3.6
3.2
2.8
2.4
2.0
1.6
1.2
.8
.4

JAN
FEB
MAR
APR
MAY
JUNE
JULY
AUG
SEP
OCT
NOV
DEC

SOOT DEPOSIT TONS PER SQ. MILE



FOOD INSPECTION AND SUPERVISION OF FOOD PREMISES.

MILK SUPPLY.

At the end of the year 19 Distributors of milk and two Dairies (not being part of a dairy farm) were registered.

Licences to retail designated milks were issued as follows :—

Tuberculin Tested	a) Dealers	...	...	14
	b) Supplementary	...	...	3
Pasteurised	a) Dealers	...	...	16
	b) Supplementary	...	...	3
Sterilised	a) Dealers	...	...	14
	b) Supplementary	...	...	1

BACTERIOLOGICAL EXAMINATION OF MILK.

During the year 65 samples of milk were submitted for bacteriological examination. The following gives details of the samples and results :—

Type of Milk.				Satisfactory.	Unsatisfactory.
T.T. (Certified)	...	...	...	10	2
T.T. (Pasteurised)	...	...	...	4	—
Pasteurised	...	...	...	5	—
Ungraded	...	...	...	38	6

Ungraded milks have been sampled at the expense of designated milks, owing to the high number of producer-retailers doing business within the district. The general standard of cleanliness of milk from these producer-retailers is good.

All bacteriological and biological examinations are carried out at the Public Health Service Laboratory, Wakefield.

BIOLOGICAL EXAMINATION OF MILK.

Sixteen samples were taken during the year for biological examination. The number taken is regulated by the capacity of the Public Health Laboratory Service to examine them and all the samples proved negative.

OTHER FOODS.

The following list gives the amount of unsound food certified by the Sanitary Inspectors and surrendered by the retailers :—

Cherries in Syrup— $14\frac{1}{2}$ ozs.	Rabbit—1 lb.
Tomatoes—27 lbs. 4 ozs.	Stewed Steak—1 lb.
Cheese—4 lbs. 4 ozs.	Eggs—710.
Beans in Tomato—	Oranges—2 lbs. 4 ozs.
1 lb. $10\frac{1}{2}$ ozs.	Peas—3 lbs. $7\frac{1}{2}$ ozs.
Ham Loaf—82 lbs. 8 ozs.	Fruit Cake—37 lbs. 6 ozs.
Beef Loaf—6 lbs. 12 ozs.	Mussels—9 lbs. 4 ozs.
Bacon—52 lbs.	Pineapple—1 lb. 4 ozs.
Gooseberries— $14\frac{1}{2}$ ozs.	Tongues—10 lb. 3 ozs.
Evaporated Milk—	Flour—3 lbs.
5 lbs. $11\frac{1}{2}$ ozs.	Strawberries—14 ozs.
Sausages—25 lbs.	Cream Cake—1 lb. 8 ozs.
Peaches—8 ozs.	Figs—8 lbs.
Apples—60 lbs.	Lobster— $6\frac{1}{2}$ ozs.
Dates—19 lbs.	

The general condition of the food premises within the area, including equipment, utensils, etc. is on the whole quite satisfactory.

ICE CREAM.

At the end of the year 50 premises were registered under Section 14, Food and Drugs Act, 1938, for the manufacture or sale of ice-cream, an increase of 5 over last year's total.

60 inspections were made of these premises during the year, the conditions found being satisfactory, and 35 samples were submitted for bacteriological examination, with the following results :—

Grade 1—30.
Grade 2—4.
Grade 3—None.
Grade 4—1.

These figures maintain a distinct improvement on previous years and can be considered very satisfactory indeed. The samples taken were from as true a cross-section of the number of manufacturers retailing in the district as possible.

The following are the grades of bacterial cleanliness of Ice-cream :—

Grade 1—Time taken to reduce Methylene Blue. $4\frac{1}{2}$ hours or more.

Grade 2—Time taken to reduce Methylene Blue. $2\frac{1}{2}$ hours to 4 hours.

Grade 3—Time taken to reduce Methylene Blue. $\frac{1}{2}$ hour to 2 hours.

Grade 4—Time taken to reduce Methylene Blue. 0 hours.

A Sub-Committee report issued by the Public Health Laboratory Services staff of the Medical Research Council states that it would be unwise to pay too much attention to the result of any one sample and it is suggested that the Ministry of Health's practice in respect of water might be followed with advantage, namely, to expect about 50 % of samples to fall into grade 1, 80 % of samples into grade 1 or 2, not more than 20 % into grade 3 and none into grade 4.

WATER SUPPLY.

During the year 89 water samples were taken, as follows :—

Public Water Supplies.			Satis- factory	Unsatis- factory
Chemical examination ...	...	...	21	—
Bacteriological examination ...	...	...	33	—
Private Water Supplies.				
Chemical examination ...	...	...	2	3
Bacteriological examination ...	...	...	11	11
Examination for Plumbo-Solvency	...	...	5	3

SHOPS ACTS.

During the year 91 visits were made to shops in the District in order to enforce the health provisions of the Shops Act. These visits were mainly concerned with sanitary accommodation and cleanliness.

INFECTIOUS DISEASE AND DISINFECTION.

During the year 211 visits were made by the Sanitary Inspectors to cases of infectious disease and 10 disinfections were carried out after infectious disease. All bedding, etc. for disinfection and disinfestation by steam is now taken to the disinfector at Mill Hill Hospital, Huddersfield, only a nominal sum being charged for each treatment.

DISINFESTATION.

It is pleasing to report that the number of verminous premises found in the district during the year is again well below normal. Five houses were suspected of being infested with bugs and were treated with Gammexane and Zaldecide. In five cases pybuthrin powder was used to deal with cockroaches. Seven houses were disinfested of fleas by using Gammexane generators and Zaldecide. Treatment for getting rid of crickets was carried out at seven houses. In all cases treatment was successful.

56 visits were made to verminous premises.

SANITARY INSPECTION OF THE DISTRICT.

Complaints investigated	...	...	...	...	...	471
Nuisance inspections	...	...	...	...	...	237
Factories inspected	...	...	...	...	...	100
Shop inspections	...	...	...	...	...	91
Houses inspected—						
Overcrowding	...	...	...	...	...	10
Housing Acts	...	...	...	...	...	459
Re-visits under Housing Acts	...	...	...	...	...	126
Public Health Acts	...	...	...	...	...	498
Re-visits under Public Health Acts	...	...	...	...	...	686
Verminous premises	...	...	...	...	...	56
Infectious disease	...	...	...	...	...	211
Premises disinfested for vermin	...	...	...	...	...	18
Houses disinfested after infectious disease	...	...	...	...	...	10
House refuse removal inspections	...	...	...	...	...	1090
Food complaints investigated	...	...	...	...	...	49
Visits to Ice-cream premises	...	...	...	...	...	60
Ice-cream samples taken for Bacteriological examination	...	...	...	...	...	35
Milk samples taken for Bacteriological examination	...	...	...	...	...	65
Milk samples taken for Biological examination	...	...	...	...	...	16
Milk samples taken for Chemical examination	...	...	...	...	...	1
Beer samples	...	...	...	...	...	1
Water samples taken for Bacteriological examination	...	...	...	...	...	55
Water samples taken for Chemical analysis	...	...	...	...	...	34
Water samples taken for Plumbo-Solvency	...	...	...	...	...	8
Visits to food premises	...	...	...	...	...	106
Visits to Licensed Premises	...	...	...	...	...	6
Visits to Slaughter Houses	...	...	...	...	...	1
Inspections under Milk and Dairies Regulations	...	...	...	...	...	73
Smoke observations	...	...	...	...	...	293
Rodent control inspections and visits	...	...	...	...	...	1243

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED.

PUBLIC HEALTH ACTS, 1875—1936.

HOUSING ACTS, 1936—1949.

During the year the total number of inspections and visits made in all branches of the Department was 5,587. Under the Public Health Acts 112 informal notices and 10 statutory notices were served.

Two houses were represented by the Medical Officer of Health under Section 11 of the Housing Act, 1936. In both cases action was taken under Section 12 and undertakings accepted from the respective owners.

The making of a Clearance Order for seven houses in Westgate and Dyson's Yard is still delayed, pending the provision of housing accommodation for the displaced tenants by the Housing Sub-Committee.

All the Council property in Stainland and Greetland was inspected during the year by a Sanitary Inspector together with a member from the Surveyor's Department. Numerous items of disrepair were found. These were tabulated and the work put in hand. The standard of cleanliness amongst the tenants was found to be very good and only in a few instances was it necessary to take action.

Altogether 128 statutory nuisances were abated during the year and 104 dwellinghouses were rendered fit as a consequence of informal action by the Sanitary Inspectors.

The following is a summary of improvements effected :—

Interior of Houses.

Windows repaired and renewed	8
Fireplace fixtures renewed and repaired	8
Ceiling replastered	5
Walls replastered	10
New sinks provided	3
New sinks provided in place of old stone sinks	2
Smoky chimneys abated	7
Sink waste pipes repaired or renewed	4
Sash cords renewed	8
Chimney flues repaired	2
Dampness of walls abated	12
Water gaining access to cellar abated	2
Sewage gaining access to celler abated	1
Firebacks renewed and repaired	3
Floors repaired	5

Dirty houses cleaned	...	...	...	...	...	2
Sink waste pipes, traps provided	...	...	...	...	...	1
Ovens repaired	...	...	...	...	...	2

Exterior of Houses.

Defective door frames and doors	...	...	...	...	...	1
Eaves gutters renewed or repaired	...	...	...	...	...	9
Decayed pointing renewed	...	...	...	...	...	6
Leaky roofs repaired	...	...	...	...	...	19
Rain water pipes renewed or repaired	...	...	...	...	...	8
Mastic pointing to windows renewed	...	...	...	...	...	1
Valley gutters cleansed or repaired	...	...	...	...	...	2
Chimney stacks repaired	...	...	...	...	...	6

Yards and Outbuildings.

Copper in wash house repaired	...	...	...	...	...	1
Offensive accumulations removed	...	...	...	...	...	3
Defective yard drainage reconstructed	...	...	...	...	...	1

Drainage.

Drains re-laid	...	...	...	...	...	10
Drains repaired	...	...	...	...	...	13
Drains cleansed from obstruction	...	...	...	...	...	25
Inspection chamber provided	...	...	...	...	...	1
New gullies provided	...	...	...	...	...	4
Soil pipe repaired	...	...	...	...	...	2

Sanitary Conveniences.

Additional W.C.'s provided	...	...	...	...	...	99
Flushing cisterns repaired	...	...	...	...	...	5
Walls repaired	...	...	...	...	...	6
W.C. pedestals renewed	...	...	...	...	...	5
Privy middens converted to water carriage	...	...	...	...	...	9
Waste water closets converted to water carriage	...	...	...	...	...	10
Pail closets converted to water carriage system	...	...	...	...	...	34
Roofs repaired	...	...	...	...	...	4
Tipplers repaired	10

House Refuse Accommodation.

New dustbins provided	392
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OVERCROWDING.

The number of known cases of overcrowding is now down to 59 houses comprising 323 persons and 68 families.

Fourteen new cases of overcrowding were reported during the year and 16 cases of overcrowding were relieved by re-housing in Council houses or other means, 93 persons were concerned in these cases.

PUBLIC CLEANSING.

The collection and disposal of house refuse, which includes the emptying of dustbins, pail closets and privies, and the collection and disposal of a limited amount of trade refuse mainly from shops, is the responsibility of the Health Department.

The Council's municipal dustbin scheme has now been in operation for several years and works very smoothly. B.S. standard dustbins are used, which although costing more in the first place, give a much increased life, so that in the long run replacement costs will be less than at present.

During 1953, 392 dustbins were found to be so defective as to require replacement. This was done at a cost of £659 or the approximate equivalent of a 1 $\frac{3}{4}$ d. rate.

Generally speaking, collection services throughout the district have been well maintained, and complaints get fewer.

Although pail closets and privies are gradually being converted to water closets at Stainland, this area still remains a problem, by reason of an unsatisfactory sewerage system, with a resultant large number of pail closets and privies that cannot be converted to water closets until sewers and public water supplies are extended. Some slight easement has been made during the year by the conversion of 34 pail closets and 9 privies.

The price paid for mixed waste paper continues to drop and is now down to £6 10s. 0d. per ton. This of course affects the income from salvage, and the sales of waste paper during 1953 realised the sum of £663.

Waste food was collected twice weekly during 1953 and taken to Halifax for processing at the Corporation's plant. The income from the sale of waste food realised £329.

Most of the pail closets and privy refuse was used by farmers and other house refuse was tipped at four tips in the area. These demanded and received constant attention. Much trouble was caused in the year by deliberate firing of these tips and at one time during the summer all the tips were on fire at the same time.

Towards the end of the year it was possible to make a start with controlled tipping at Lowfields. Top soil was stripped to a depth of 12 ins. in accordance with the wishes of the Ministry of Agriculture and will be replaced over 6 ft. layers of house refuse, in order that the land can revert back to agriculture.

Lack of weigh bridge facilities make it impossible to give accurate cleansing costings, etc., but the following table shows the number of loads collected during the year :—

Vehicle	House Refuse Removal.		Goux Tub Refuse Removal.		Waste Paper Removal.		Waste Food Removal.	
	Days	Loads	Days	Loads	Days	Loads	Days	Loads
2—2 Ton Motors	496 $\frac{3}{4}$	2304	18 $\frac{3}{4}$	75	—	—	1	1
2—30 cwt. Motors	358 $\frac{1}{4}$	1397	172 $\frac{1}{4}$	585	—	—	—	—
1—10 cwt. Fordson	30 $\frac{3}{4}$	196	$\frac{1}{2}$	3	142 $\frac{1}{2}$	1281	124	153

The cost of public cleansing throughout the district during the year, including collection and disposal of salvage was £7,716. This figure includes the cost of a year's replacement of dustbins under the Council's Municipal dustbin scheme.

